

The HIV/AIDS Epidemiologic Profile for the District of Columbia,

December 2003



SUPPLEMENTAL REPORT



Government of the
District of Columbia
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Department of Health
HIV/AIDS Administration



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I. Introduction

The original purpose of the HIV/AIDS Epidemiologic Profile was to answer three core questions:

- (1) What are the socio-demographic characteristics of the general population in the District of Columbia?
- (2) What is the scope of the HIV/AIDS epidemic in the District of Columbia?
- (3) What are the indicators of risk for HIV/AIDS infection in the District of Columbia?

The purpose of the Supplemental Report is to assist the HIV Prevention Community Planning Group and the Ryan White Title I Health Services Planning process in Committee in identifying and assessing the needs of populations at risk. This Supplemental Report addresses those populations that were not covered or not covered in sufficient detail in the HIV/AIDS Epidemiologic Profile for the District of Columbia, December 2003.

II. Methodology

What data sources were used?

The primary data source used for epidemiologic reports is the AIDS surveillance data system. This surveillance system is the primary means of recording AIDS data in the District of Columbia. The system is the most complete database and has the most AIDS historical data in the District. Although it is the most direct measure of AIDS, it does not necessarily factor in conditions measuring morbidity related to HIV infection.

To offer a broad and comprehensive picture of the HIV/AIDS epidemic, the following data sources were used: HIV counseling and testing data, sexually transmitted infection statistics, results of the Youth Risk Behavior Survey (YRBS), results from the 2000 Household Survey on Substance Abuse conducted by the Addiction Prevention Recovery Administration (APRA) and statistics related to morbidity associated with HIV such as Tuberculosis and Hepatitis.

Data Issues

AIDS cases reported to the health department represent only those persons tested and diagnosed positive for HIV infection and who have progressed to the stage of the disease defined as AIDS. The HIV/AIDS Reporting System (H.A.R.S.). does not describe those persons infected with HIV who have not progressed to AIDS.

The new CDC surveillance definition for AIDS in adults and adolescents (MMWR 1992. Vol. 41, No. RR-17) was revised to include: 1) persons with HIV infection and CD4+ T-lymphocyte count $<200/\text{mm}^3$ or $<14\%$ of total lymphocytes and no AIDS defining condition; 2) HIV-infected persons with pulmonary TB, recurrent pneumonia, or invasive cervical cancer.

A separate database specifically for recording and reporting persons diagnosed with HIV (not AIDS) is housed in the HIV/AIDS Administration. HIV cases have only been collected since January 2001, and thus, the health department is unable to report data with any assurance of the minimal standards of data timeliness, completeness or accuracy. The same standards for accuracy and reliability of H.A.R.S. apply to HIV reporting and they are being assessed. Once the HIV reporting system is evaluated and enough time has passed, HIV case data will provide a more current picture of the epidemic in the District than AIDS case data.

The data presented in this report have met the criteria described above, but the reader should exercise caution when interpreting the data.

Considerations and Limitations

The reader should consider that almost all data have strengths and limitations and hence should be treated in light of their purpose and characteristics:

1. All AIDS cases presented in the data tables are based upon AIDS cases diagnosed from January 1, 1982 through December 31, 2003 among persons whose residence was the District of Columbia at the time of initial AIDS diagnosis.
2. Cases in persons with no reported risk factor for HIV through any of the routes listed in the hierarchy of transmission categories are classified as "no risk factor reported or identified." These cases include persons that are being followed up by local health department officials; cases in persons whose risk factor history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and cases in persons who were interviewed or for whom other follow-up information was available and no mode of transmission was identified.

3. As of September 2000, the procedures for investigating cases reported without risk factor information changed from ascertaining a risk factor for all reported cases to estimating risk factor distributions from statistical models and population-based samples.
4. A significant increase in the number of diagnosed AIDS cases in one year may be a measure of the surveillance activities directly related to the resources and staff available to conduct surveillance.
5. An analysis of the HIV and AIDS databases for timeliness completeness and accuracy is currently being conducted.
6. The District of Columbia, HIV/AIDS Administration (HAA) implemented policies and actions that strictly enforce all policies and procedures established by the CDC for the assurance of confidentiality and security of highly personal information. Additionally, all CDC-funded jurisdictions must meet the requirements and security standards set forth in the CDC-issued guidelines for the protection of HIV/AIDS surveillance confidential information and data.

When reviewing this document:

- *Understand the specifics of how data are presented.*
- *Interpret with caution small numbers and/or small differences or changes in trends.*
- *Always keep in mind what the numbers represent (i.e., number of cases, rates, or percents).*

III. ERRATA

The HIV/AIDS Epidemiologic Profile for the District of Columbia, December 2003 contained the following errors:

1. The percentage distribution of the population of the District of Columbia by race/ethnicity in Table 2 and Table 3 are not equivalent. The percentage distribution by race/ethnicity and ward in table 3 should read:
 - 27.8% white, not Hispanic
 - 59.4% black, not Hispanic
 - 7.9% Hispanic
 - 0.2% American Indian
 - 2.7% Asian/Pacific Islander
 - 2.0% persons of more than one race.
2. Page 9, first paragraph makes a reference to Table 1. It should read and reference Table 3.
3. Throughout the document, the word 'data' is used incorrectly. It should read *data* for plural and read *datum* for singular. The document has been reviewed for correct usage of this word.
4. Throughout the document, the acronym *STI* for *sexually transmitted infection* is used interchangeably with the acronym *STD* or *sexually transmitted disease*. It should read STI for the purpose of consistency.

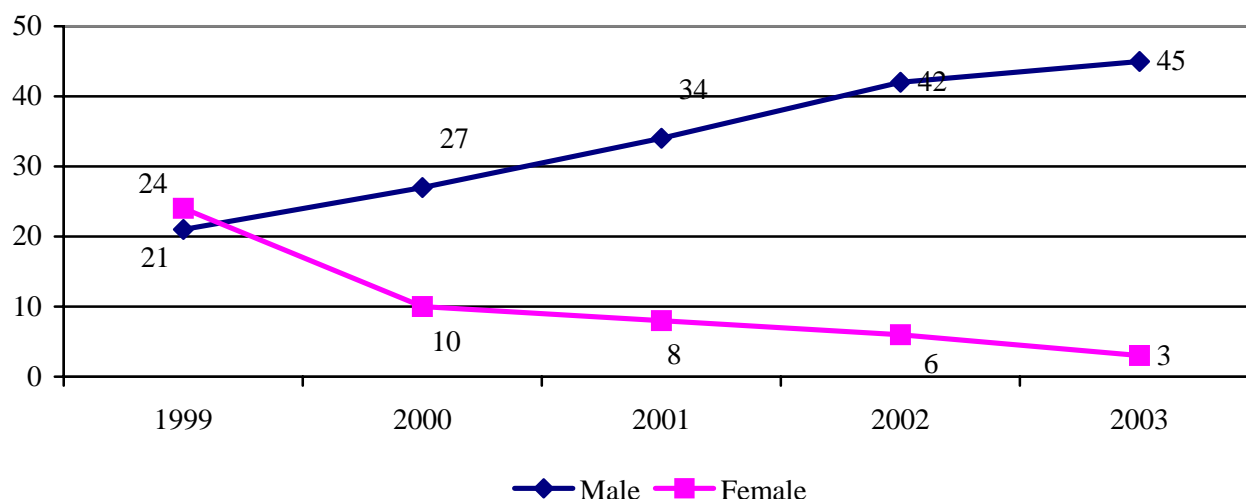
IV. Indicators of Behavioral Risk

To offer a broad and comprehensive picture of the HIV/AIDS epidemic and its potential impact in the District of Columbia surrogate measures are used, including rates of other sexually transmitted infections, teen pregnancy rates, and results from behavioral risk studies.

Sexually Transmitted Infection Rates

The incidence of STI, such as, syphilis, gonorrhea and Chlamydia in the District of Columbia is rising with serious health and economic consequences. There is now strong evidence that STIs increase the risk of HIV transmission and, equally, that STI treatment reduces the spread of HIV. Thus, STI surveillance data provide important indications of where HIV infection may spread, and where efforts to promote safer sexual behaviors should be targeted. This section presents STI surveillance data by gender, race and age, with discussion of observed trends.

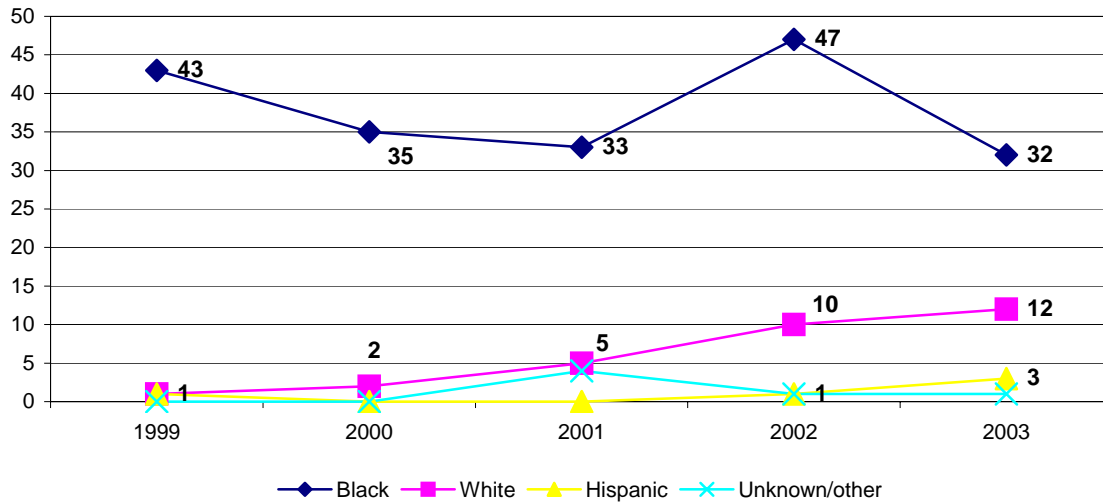
Figure 1. Primary and secondary syphilis cases by gender, District of Columbia, 1999 – 2003.



SOURCE: Bureau of Sexually Transmitted Disease Control, Department of Health, Government of the District of Columbia

Figure 1. illustrates very different trends between men and women reported with primary and secondary syphilis during 1999- 2003 time period. Syphilis cases among males more than doubled during this five-year period, while cases among women decreased by 87.5 percent. The Bureau of STD Control has recently conducted a citywide social marketing campaign calling attention to the rise in syphilis cases observed among men.

Figure 2. Primary and secondary syphilis cases by race/ethnicity, District of Columbia, 1999 – 2003.

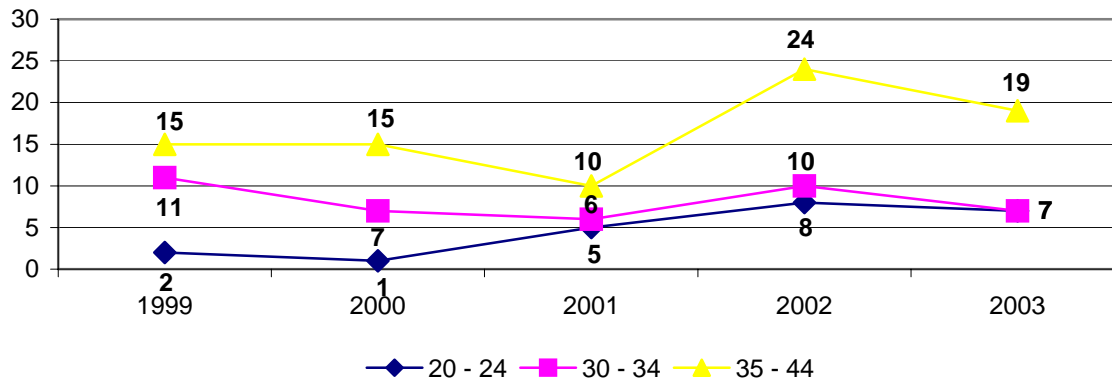


SOURCE: Bureau of Sexually Transmitted Disease Control, Department of Health, Government of the District of Columbia

Figure 2 illustrates an increase of syphilis cases in the white and Hispanic populations, and a decrease in cases in the African American/black population. The decline in syphilis cases among African Americans is likely the result of ongoing syphilis education and testing efforts in this population.

There was a decrease in the syphilis rate among African Americans in 2003. However, the total syphilis cases reported is still significantly higher among African Americans than among whites indicating the continuing need to target African Americans with STD prevention activities.

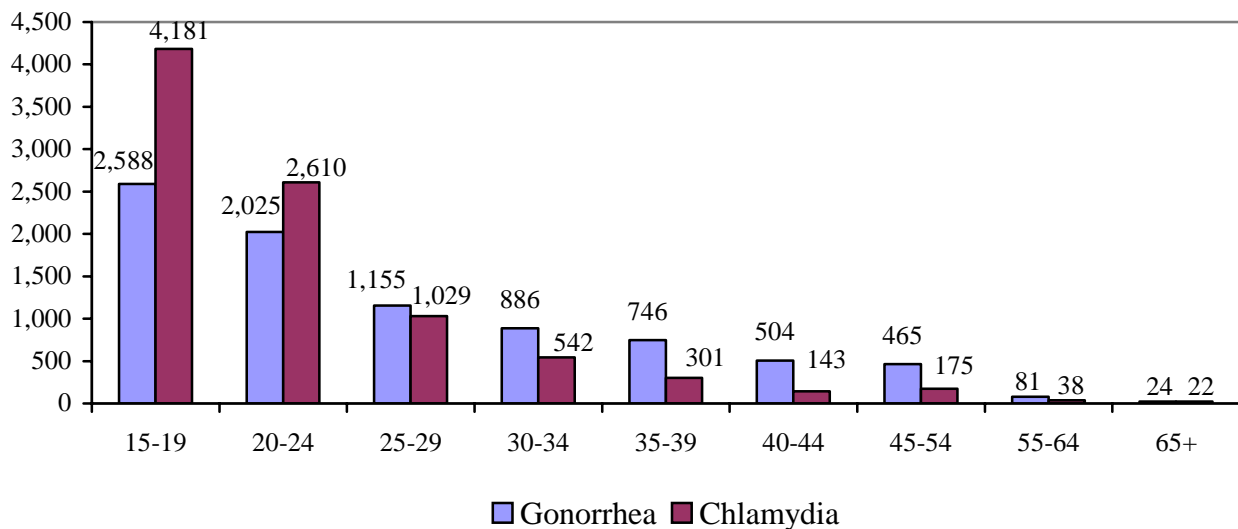
Figure 3. Primary and secondary syphilis cases by age group, District of Columbia, 1999 – 2003.



SOURCE: Bureau of Sexually Transmitted Disease Control, Department of Health, Government of the District of Columbia

Figure 3 illustrates three age groups in which there are general increasing trends. The greatest increase in one year occurred among 35 – 44 year olds in 2002. The number of reported cases declined slightly among this age group, the following year, but remains higher than in 2001.

Figure 4. Average annual gonorrhea and chlamydia rates per 100,000 population by age group, District of Columbia, 1999 – 2002.



SOURCE: Bureau of Sexually Transmitted Disease Control, Department of Health, Government of the District of Columbia

Figure 4 illustrates the average annual rate of gonorrhea and Chlamydia by age group in the District of Columbia during 1999 – 2002.

- Of total gonorrhea and Chlamydia reported cases, 69% and 86% respectively were diagnosed in persons less than 30 years old.
- Persons aged 15-19 and 20-24 years had much greater rates of Chlamydia than those age 40-44 years, with 4,181 and 2,610 cases per 100,000 population versus 143 per 100,000, respectively.
- Persons aged 15-19 and 20-24 years had the highest rates of gonorrhea, with 2,588 and 2,025 cases per 100,000 versus 504 per 100,000 among 40-44 year olds.

Table 1 and Table 2 illustrate annual gonorrhea and Chlamydia cases and rates among 15 – 29 year olds for the District, broken down by gender and race/ethnicity. The data in the tables are limited to the 15 -29 groups because they represent the largest proportion of total cases reported during 1999 – 2002 time period. The data demonstrate that the gonorrhea rate is fairly steady after 1999 and the rate of Chlamydia cases is steadily rising.

Table 1. Gonorrhea cases and rates per 100,000 population among District of Columbia residents age 15 – 29, 1999 – 2002.

	1999		2000		2001		2002	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
TOTAL	2,396	1680.9	1,798	1261.4	1,879	1318.2	1,723	1208.8

	1999		2000		2001		2002	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
SEX								
Male	1,225	1,832	785	1,174	898	1,343	783	1,171
Female	1,165	1,539	1,011	1,336	973	1,286	935	1,236
Unknown	6	n/a	2	n/a	8	n/a	5	n/a
RACE								
White	9	16	21	38	33	60	28	51
African American	1,455	2,099	1,223	1,765	1,296	1,870	1,242	1,792
Other*	915	n/a	536	n/a	529	n/a	433	n/a
ETHNICITY								
Hispanic	17	117	18	124	21	144	20	137

* Other includes Asian/Pacific Islanders and American Indian/Alaskan Natives and persons with Unknown race.

SOURCE: Bureau of Sexually Transmitted Disease Control, Department of Health, Government of the District of Columbia

Table 2. Chlamydia cases and rates per 100,000 population among District of Columbia residents age 15 – 29, 1999 – 2002.

	1999		2000		2001		2002	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
TOTAL	2,229	1563.8	2,639	1851.4	2,679	1879.5	2,717	1906.1

	1999		2000		2001		2002	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
SEX								
Male	216	323	274	410	296	443	303	453
Female	2,013	2,660	2,356	3,113	2,366	3,127	2,403	3,175
Unknown	0	0	9	n/a	17	n/a	11	n/a
RACE								
White	18	33	18	33	32	58	21	38
African American	958	1,382	1,171	2,547	1,167	1,684	1,373	1,981
Other*	1,232	n/a	1,418	n/a	1,438	n/a	1,288	n/a
ETHNICITY								
Hispanic	21	144	32	220	42	288	35	240

* Other includes Asian/Pacific Islanders and American Indian/Alaskan Natives and persons of Unknown race.

SOURCE: Bureau of Sexually Transmitted Disease Control, Department of Health, Government of the District of Columbia

The District of Columbia HIV Counseling and Testing data, 1999-2003 (See Appendix 1) shows the percentage of individuals who tested HIV positive and also diagnosed with STI.

The percent average for individuals who tested HIV positive and were also diagnosed with STI was 20% in 1996-1999, and 19% in 2000-2003.

Youth Risk Behavioral Survey, 1999 and 2003

The District of Columbia Public Schools, DCPS, conducted the Youth Risk Behavior Survey (YRBS) in 1999 and 2003. This survey addresses six categories of behavior among students in grades 9 through 12. Sexual behavior is one of the six categories addressed in the survey.

- There is no significant difference in the percent of students who reported sexual intercourse in 1999 and 2003. Of total teens surveyed in 1999, 65% indicated that they had had sexual intercourse, and in 2003, 64% indicated that they had sexual intercourse.
- There is a decline in the number of students who reported that they had sexual intercourse for the first time before age 13. Of total students surveyed in 1999, 20.3% indicated that they had sex before the age of 13 while among those surveyed in 2003, only 15.0% answered affirmatively to this question.
- 88% of students who responded to the survey in 2003 indicated that they received HIV/AIDS education.

Table 3. Number and rate of students in grade 7 – 12 who dropped out of school, September 1999 – June 2000

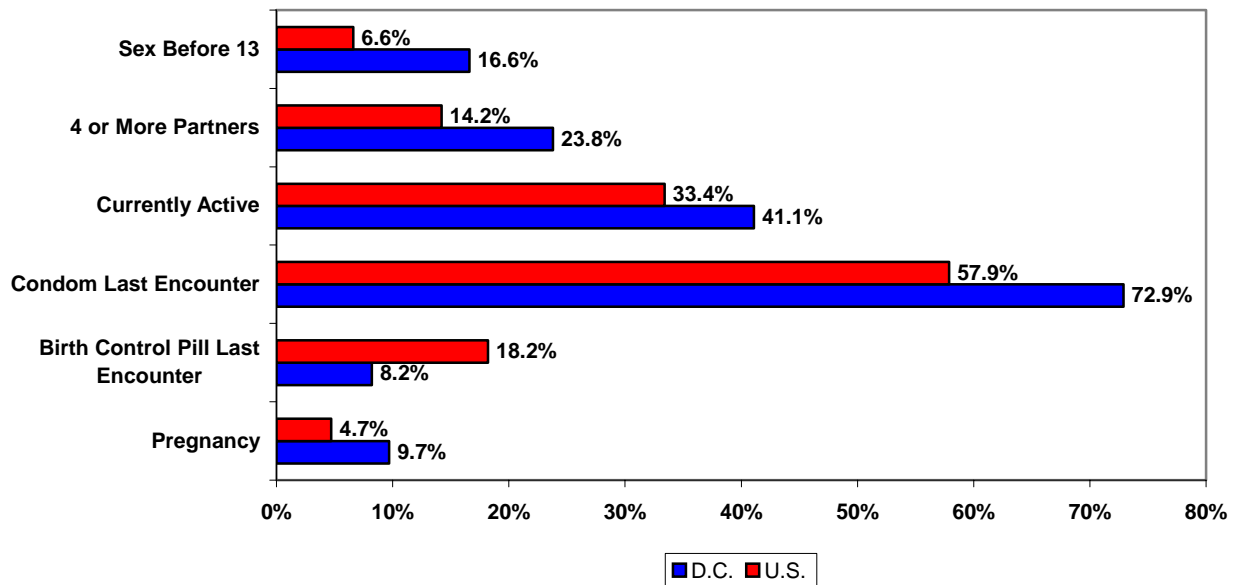
Ward	No. of dropouts	No. of students	Rate of dropout
1	164	2,465	6.7%
2	85	2,389	3.6%
3	148	3,109	4.8%
4	196	2,476	7.9%
5	226	3,136	7.2%
6	274	3,763	7.3%
7	140	1,812	7.7%
8	251	2,536	9.9%
Total	1,484	21,686	6.8%

SOURCE: District of Columbia Public Schools (DCPS), Office of Educational Accountability
Washington, D.C., November 2004

School drop out rates may indicate early sexual activity and substance abuse among teens. With the provision of sex education and HIV/AIDS education in schools, it is likely that school environment may have an impact on whether or not sexually active teens choose to use condoms (see figure 5).

The overall rate of students in grade 7 – 12 who dropped out of school in year September 1999 - June 2000 was 6.8% (See Table 3) The rate of dropout for the District overall has declined since 1994 when the rate was 8.2%. Drop out data were not available for school years 1997, 1998, and 1999.

Figure 5. Sexual Activity Among Teens in the District of Columbia and the United States, 2001



SOURCE: Youth Behavioral Risk Factor Survey – United States and District of Columbia, 2001
State Center for Health Statistics Administration, Department of Health, District of Columbia, *State Health Profile*, December 2003, page 17.

Pregnancy and Pregnancy Rates

A pregnancy can have one of three outcomes: a live birth, abortion, or a fetal death. Thus, the number of pregnancies is the sum of live births, legally induced abortions, and fetal deaths. Abortion reporting is voluntary in the District of Columbia. The reader should note that the Department of Health does not receive reports on abortions performed in private physician's offices or performed illegally.

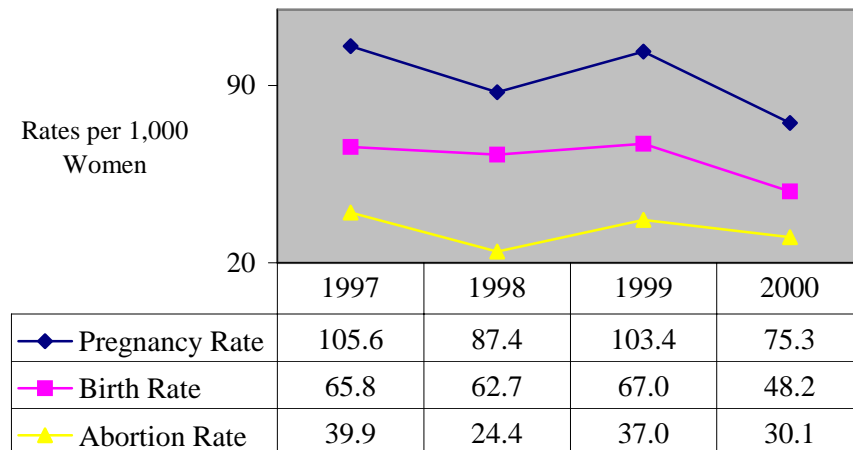
- Reported pregnancies decreased 28 percent and pregnancy rates decreased 33 percent between 1996 and 2000.
- Pregnancy rates decreased each year during the five-year period except for 1999, which increased 3.7 percent from 1998.

The *teen pregnancy rate*¹ for 2000 was 81.4 pregnancies per 1,000 women aged 15-19 years. The teenage pregnancy rate decreased 39.4 percent from 1999 to 2000. This decrease also indicates the decrease in the overall number of live births and abortions among teenagers. At the same time, however, the number of fetal deaths increased among teenagers 15-19 years of age. The pregnancy rate for teenagers aged 15 – 17

¹ District of Columbia State Center for Health Statistics Administration, *Healthy People 2010*, 2000

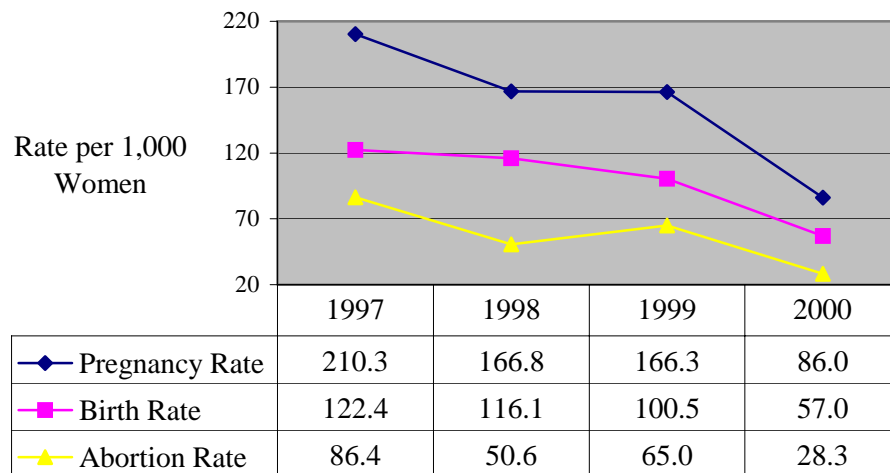
years was 75.3 per 1,000 women, and 86.0 per 1,000 women for women aged 18 – 19 years.²

Figure 6. Pregnancy, Birth and Abortion Rates Among Teenagers 15 – 17 year old, District of Columbia, 1997 – 2000



SOURCE: State Center for Health Statistics Administration, Department of Health, District of Columbia

Figure 7. Pregnancy, Birth and Abortion rates for Teenagers 18 – 19 years old. District of Columbia, 1997 – 2000



SOURCE: State Center for Health Statistics Administration, Department of Health, District of Columbia

In 2000, 69.5 percent of reported pregnancies of women were black/African American, 17.2 were white, 11.2 percent were other races, and 11.4 percent were Hispanic/Latino. Persons of Hispanic origin may be of any race and are, therefore, included in all racial categories (i.e., black/African American, white, and other races.)

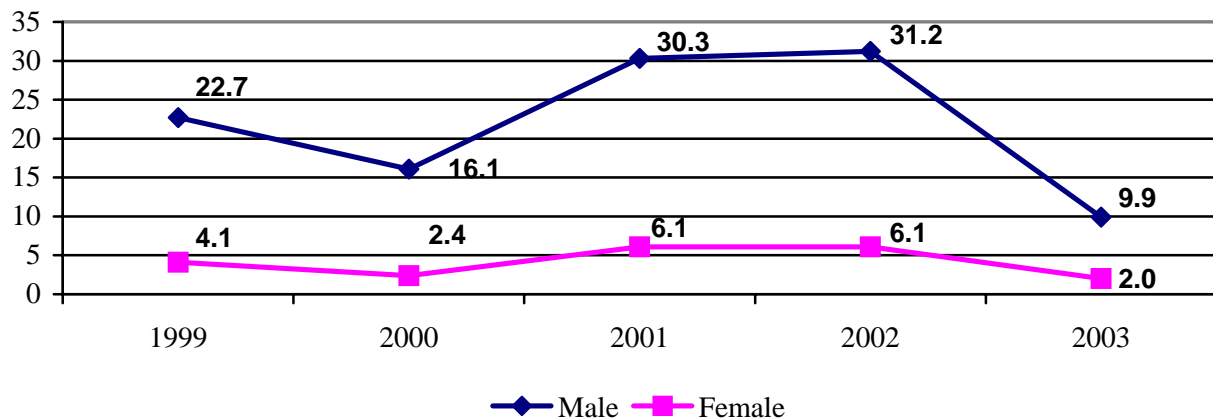
² Ibid.

Hepatitis A, B, and C

- *The Hepatitis A (HAV) virus that causes the disease is found in the stool (feces) of persons with Hepatitis A and is usually spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with Hepatitis A. The Centers for Disease Control and Prevention (CDC) cites men who have sex with men, injecting and non-injecting drug users as persons at risk for Hepatitis A infection.*

The CDC recommends providing information on viral hepatitis to individuals infected with HIV, and those at high risk, including men who have sex with men and injecting and non-injecting drug users.

Figure 8. Hepatitis A cases per 100,000 population, District of Columbia, 1999 – 2003.



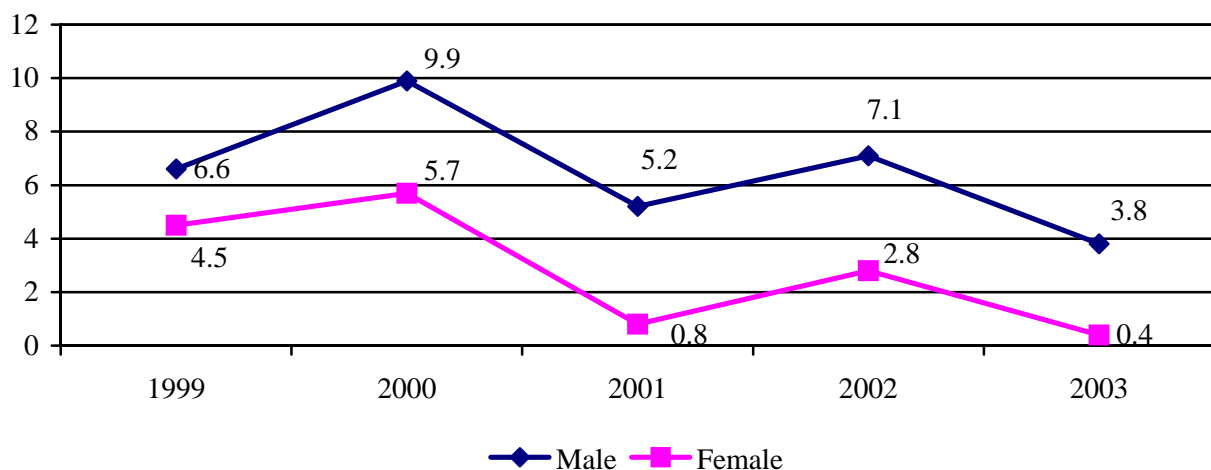
SOURCE: District of Columbia Department of Health, Bureau of Communicable Disease Control, Preventive Health Services Administration

- *The Hepatitis B virus (HBV) is transmitted when blood or body fluids from an infected person enters the body of a person who is not immune. HBV is spread through having sex with an infected person without using a condom, by sharing drugs, needles, or “works” when “shooting” drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.*

Hepatitis B can be used as a substitute measure for possible HIV infection because it is transmitted through many of the same routes as sexually transmitted infections (STI's) Those who are at increased risk for contracting Hepatitis B include persons with multiple sex partners, persons with a diagnosis of a sexually transmitted disease, men who have sex with men, injection drug users, household contacts of chronically infected persons, infants born to infected mothers, infants/children of immigrants from areas with high rates of HBV infection, health care and public safety workers, and hemodialysis patients.

Figure 9 illustrates the rate per 100,000 of reported hepatitis B cases from 1999 – 2003. There is a similar trend among men and women after 2002. Among men, hepatitis B cases peaked with 21 reported cases in 2000 and only 8 cases reported in 2003. The low number of cases reported in 2003 may be due to a delay in reporting. Among women, 14 cases were reported in 2000 while only 1 was reported in 2003.

Figure 9. Hepatitis B cases per 100,000 population, District of Columbia, 1999 – 2003.



SOURCE: District of Columbia Department of Health, Bureau of Communicable Disease Control, Preventive Health Services Administration

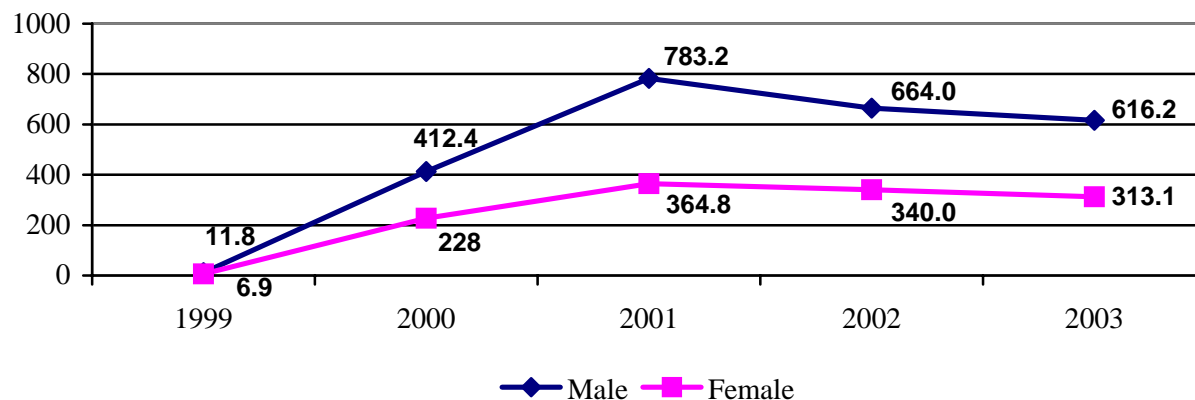
Among all persons reported with Hepatitis B in the District of Columbia from 1999 to 2003, the rate per 100,000 has declined significantly among both men and women. This may be due to a delay in reporting given the date that this data was released. Cases among females also decreased by one third, from 15 reported in 2002 to 5 cases reported in 2003

- *The Hepatitis C virus (HCV), which causes the disease, is spread when the blood or body fluid of an infected person enters the body of a person who is not infected. Similar to Hepatitis B, persons at greatest risk for infection include injecting drug users, persons receiving blood or blood products, and infants born to infected mothers. Persons having sex with multiple partners, men who have sex with men and persons having sex with an infected steady partner are still at risk but less so than with Hepatitis B. Looking at HCV data by demographics helps to describe the population participating in risk behaviors that may lead to HIV infection.*

Hepatitis C can be used as a substitute measure for possible HIV infection because they have similar routes of transmission.

Figure 10 illustrates the rate per 100,000 of reported Hepatitis C cases from 1999 – 2003. This figure shows a dramatic rise in the number and rate of Hepatitis C cases from 1999 to 2001, followed by a steady decline in the rate.

Figure 10. Hepatitis C cases per 100,000 persons, District of Columbia, 1999 – 2003.



SOURCE: District of Columbia Department of Health, Bureau of Communicable Disease Control, Preventive Health Services Administration

M. tuberculosis (TB)

M. tuberculosis (TB) is a major opportunistic infection in persons with HIV infection. HIV-infected individuals have an increased risk of developing TB by either of two mechanisms: failure to contain a primary infection (leading to rapid progression) or reactivation of latent infection. In both cases, the development of active disease results from the loss of cell-mediated immune responses as a result of HIV infection. Tuberculosis develops in as many as 50% of seropositive persons exposed to TB, often within months.³

The worldwide epidemic of HIV infection has resulted in a major secondary epidemic of TB. In the United States, this has reversed a 20-year decline in the annual incidence of TB cases after its lowest point in 1985. Since then, the annual incidence rates first leveled off and then rose to a high of 26,673 cases in 1992⁴. In 2002, the number of new cases in the U.S. declined to 15,075, of which 82 cases were reported in the District of Columbia. This is a case rate of 14.4 per 100,000 persons compared to the national case rate of 5.6 per 100,000 persons.

TB cases in the District of Columbia as reported in 2002:

- 71.9 percent of total reported TB cases were among African American/Blacks.
- Fifteen of the 82 (18%) reported cases also classified themselves as Hispanic.
- 65.9 percent of total TB cases were U.S.-born while 34.1 percent were foreign-born persons.
- 37.8% of the 82 total reported TB cases were between 25 and 44 years old.

The percentage (37.8%) of TB cases reported among persons between 25 and 44 years old is alarming because 6.4 percent of the 82 reported TB cases also were HIV positive and were between the ages of 25 and 44 years.⁵ Compared with other cities of comparable size, the District does not stand out as disproportionately high in number of new cases reported in 2002. Detroit reported 88 cases and Baltimore reported 71 cases of TB in 2002.

³ Harrison's Principles of Internal Medicine (13th edition)

⁴ Centers for Disease Control and Prevention (CDC) Reported Tuberculosis in the United States, 2002. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2003

⁵ Ibid. (table 33)

Table 4. Tuberculosis cases per 100,000 population by Ward, 2002

	Males (Rate per 100,000)	Females (Rate per 100,000)	Total (Rate per 100,000)
Ward 1	37	15	26
Ward 2	21	10	15
Ward 3	3	5	4
Ward 4	15	10	13
Ward 5	23	8	15
Ward 6	21	3	12
Ward 7	25	0	11
Ward 8	22	6	13
TOTAL	21	7	14

SOURCE: Office of Tuberculosis Control, District of Columbia Department of Health

Substance Abuse

Although the major risk factor for HIV infection in the United States among men is same-sex contact, the major risk factor among women is either injection drug use or heterosexual sex with an injection drug user⁶. Once HIV enters any IDU population, the virus can spread very quickly. Injection drug users engage in two behaviors that put them at risk for HIV infection, needle sharing and having multiple sex partners. However, substance abuse can play a major role in HIV transmission even among non-injection drug users. Addiction and high-risk sexual behavior have been linked across a wide range of settings. For example, women who use crack cocaine engage in high-risk, unprotected sex in exchange for money or drugs.

A National Household Survey on Drug Abuse⁷ was conducted in 2002. According to survey results, the District of Columbia ranked first in the nation in the number of respondents who reported having *any illicit drug use* in the past month, with 12.4 percent of all persons aged 12 or older. With regards to past month use of marijuana (see Table 5), the District again has highest rate in the nation, 10.8 percent. D.C. was ranked in the top fifth of all states surveyed for persons reporting past month use of *any illicit drug other than marijuana*, along with Alaska, Nevada, Oregon, Rhode Island, and Washington. Furthermore, the national average for persons aged 12 and older reporting *alcohol dependence or abuse* in the past year was 7.7 percent in 2002. The percentage of District respondents reporting this behavior was 9.7, well above the national average. The District scored above the national average, 3.03 percent, for persons reporting *any illicit drug dependence or abuse* in the past year, 4.3 percent.

⁶ CDC, *HIV/AIDS Surveillance Report* 2002;13

⁷ SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2002 state estimates

Table 5. National Household Survey on Drug Abuse, District of Columbia, 2002

Survey Measure	Overall	12 - 17	18 - 25	26 or older
Percentage Reporting Past Month of <i>Any Illicit Drug Use</i> *	12.43%	12.43%	28.05%	9.36%
Percentage Reporting Past Month Use of <i>Marijuana</i>	10.82%	10.48%	27.71%	7.53%
Percentage Reporting Past Month Use of <i>Any Illicit Drug Other Than Marijuana</i>	4.39%	4.17%	9.18%	3.46%
Percentage Reporting Past Year <i>Alcohol Dependence or Abuse</i>	9.67%	3.12%	17.40%	8.73%
Percentage Reporting Past Year <i>Any Illicit Drug Dependence or Abuse</i>	4.33%	5.51%	8.90%	3.32%

* Any illicit drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

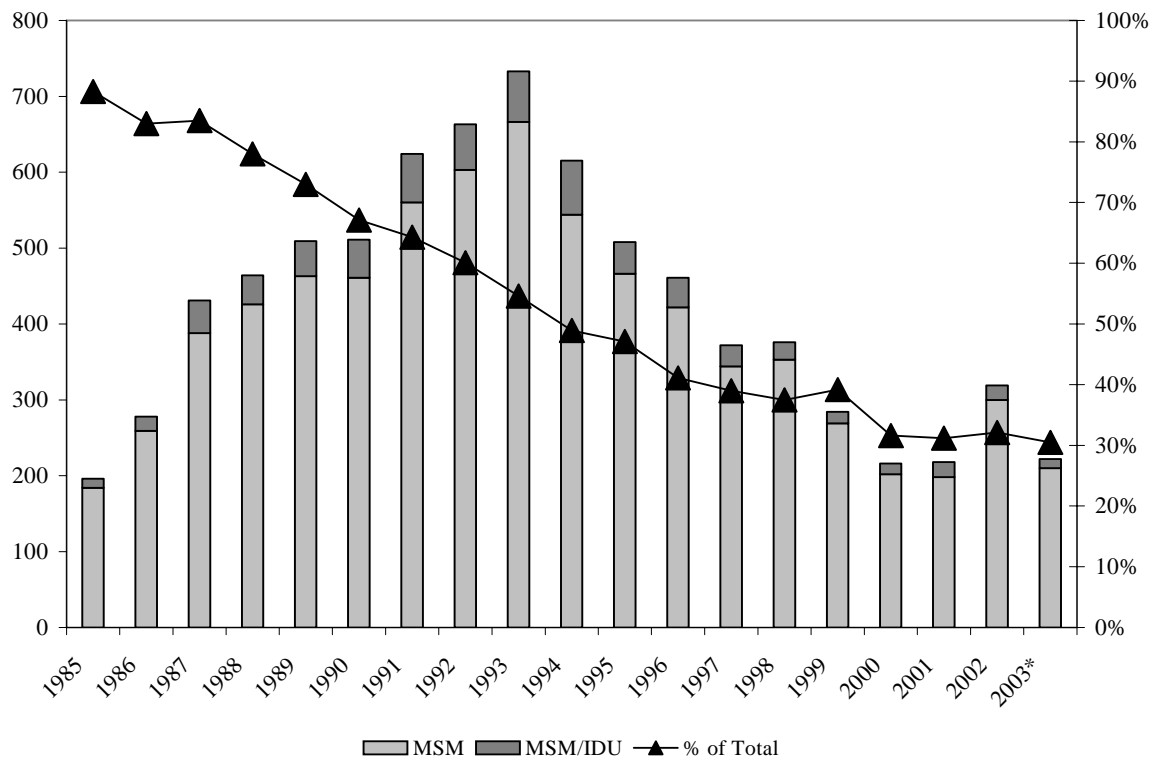
SOURCE: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2002 state estimates

Table 5 describes drug use in the District of Columbia in terms of the percentages of those who participated in the National Household Survey on Drug Abuse. In the first category of *any illicit drug use*, 8.12% of all respondents in the District answered 'yes', with greater than twice the number or 19.21% of respondents age 18 to 25 years answering 'yes'. Among respondents in this age group, 18 to 25 year olds, about 15% reported marijuana use in the past month and about 7% reported using an illicit drug other than marijuana. Perhaps the most commonly abused substance among adolescents and teens is alcohol. The survey reports that about 16% of respondents 18 to 25 years old had dependence or abused alcohol in the month prior to the survey.

V. AIDS Cases Among Men Who Have Sex with Men (MSM)

Men who have sex with men (MSM) were the earliest group affected by HIV/AIDS in the District of Columbia and continue to be one of the most heavily impacted groups living with the disease and at highest risk for contracting the virus. Of persons living with AIDS in the District, 40% are MSM and an additional 3% are MSM who have injected drugs (MSM/IDU).

Figure 11. Number and percent of AIDS cases among District of Columbia MSM and MSM/IDU by year of diagnosis, 1985 - 2003



SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

* Diagnosed AIDS cases in the year 2003 may be incomplete due to reporting delays

Figure 11 illustrates the number and percent of AIDS cases among MSM and MSM/IDU in the District from 1985 to 2003. The overall trend among MSM and MSM/IDU has been in decline, from 90% of total cases reported in 1985 to about 30% of the reported cases in 2003. The decline is likely due in large part to the advent and widespread use of HAART therapy. The declining trend in the District is also observed nationally among MSM and MSM/IDU.

The current methods of estimating HIV incidence suggest that the rate of new infections in MSM and MSM/IDU is on the rise. Additionally, the increasing rates of STIs, especially new syphilis cases, indicate that there may be a resurgence of new HIV cases among MSM in the near future.

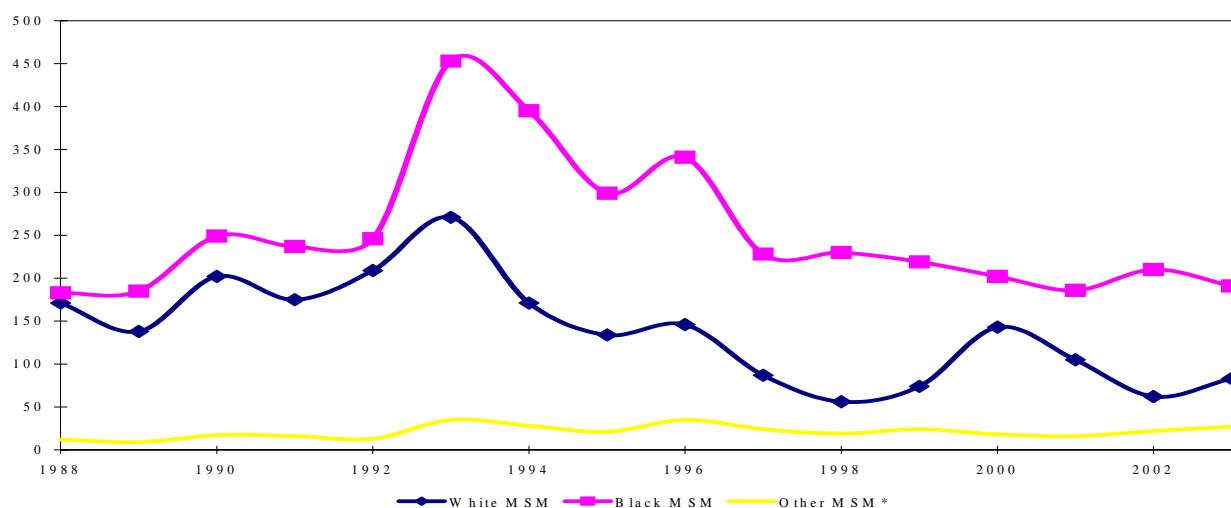
Table 6. Adult/Adolescent AIDS cases among Men who have Sex with Men (MSM) by race/ethnicity and age group at initial diagnosis, District of Columbia, 1996 – 2003.

Age Group	RACE/ETHNICITY				
	White	Black	Hispanic	Other	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
13-19	0 (0)	12 (<1)	0 (0)	0 (0)	12 (<1)
20-24	15 (2)	73 (4)	6 (4)	<5 (13)	97 (4)
25-29	71 (9)	207 (11)	28 (18)	0 (0)	306 (11)
30-34	155 (21)	397 (22)	36 (23)	<5 (9)	590 (21)
35-39	173 (23)	412 (23)	36 (23)	9 (39)	630 (23)
40-44	141 (19)	313 (17)	24 (15)	6 (26)	484 (18)
45-49	94 (12)	195 (11)	12 (8)	0 (0)	301 (11)
50+	107 (14)	198 (11)	17 (11)	<5 (13)	325 (12)
Subtotal	756 (100)	1,807 (100)	159 (100)	23 (100)	2,745 (100)
TOTAL	756 (28)	1,807 (66)	159 (6)	23 (<1)	2,745 (100)

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

Table 6 illustrates that Black MSM make up the majority of reported AIDS cases in recent years, 1996 to 2003. White MSM, the group initially most greatly affected by HIV/AIDS has fallen to half the number of Black and Hispanic MSM. By age, the majority of AIDS cases are reported among men between 30 to 39 years old. This does not reflect where new HIV infections are occurring but rather where HIV infection had occurred on average 8 to 10 years prior.

Figure 12. AIDS cases among Men who have Sex with Men (MSM) by race/ethnicity and year of report, District of Columbia, 1988 – 2003.



SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

Figure 12 illustrates the declining number of AIDS cases among black and white MSM

Table 7 shows that among MSM the majority of new AIDS cases reported between 1996 and 2003 are among African American/Black men. This is a very different picture than during the early years of the epidemic when the majority of cases were reported among White men. Hispanic/Latino MSM are also on the rise increasing from 3 percent in the early and middle part of the epidemic to 6 percent of reported cases in the most recent period.

Table 7. AIDS cases among Men who have Sex with Men (MSM) by year of report and race/ethnicity, District of Columbia, 1980 – 2003.

RACE/ETHNICITY	YEAR OF REPORT			
	1980-1988	1989-1995	1996-2003	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)
White, non-Hispanic	589 (51)	1,300 (37)	756 (28)	2,645 (36)
Black, non-Hispanic	531 (46)	2,064 (59)	1,807 (66)	4,402 (59)
Hispanic	41 (3)	121 (3)	159 (6)	321 (4)
Other	1 (<1)	18 (<1)	26 (<1)	45 (<1)
TOTAL	1,162 (100)	3,503 (100)	2,748 (100)	7,413 (100)

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

The District of Columbia HIV Counseling and Testing data, 1999-2003 (See Appendix 1) shows the percentage of men who tested HIV positive and reported having sex with men (MSM), and the percentage of MSM who also injected drugs (MSM/IDU).

- *The percent average for individuals who tested HIV positive and reported having sex with men (MSM) was 30% in 1996-1999, and 25% in 2000-2003.*
- *The percent average for individuals who tested HIV positive and who had sex with men, also injected drugs (MSM/IDU) was 2% in 1996-1999, and 2% in 2000-2003.*

VI. AIDS Cases Among Injecting Drug Users (IDU)

As of December 31, 2003, 26% (4,117) of cumulative AIDS cases among adults/adolescents were attributed to injection drug use (IDU). Although on the decline among diagnosed and reported AIDS cases, injecting drug users remain a population at risk for contracting HIV. The advent and widespread use of HAART delay the progression of HIV disease potentially decreasing the number of diagnosed AIDS cases among injecting drug users. Needle exchange programs in the District impact transmission of HIV and hepatitis.

Background and Population Sizes

There are an estimated 50,280 people in the District of Columbia at increased risk for HIV infection because of illicit drug use or alcohol abuse. About 9,720 of these are at increased risk due to drug injection, including 5,832 African American/blacks, 2,994 Whites, 768 Latinos. (*D.C. Department of Health Addiction Prevention Recovery Administration – 2000 Household Survey*)

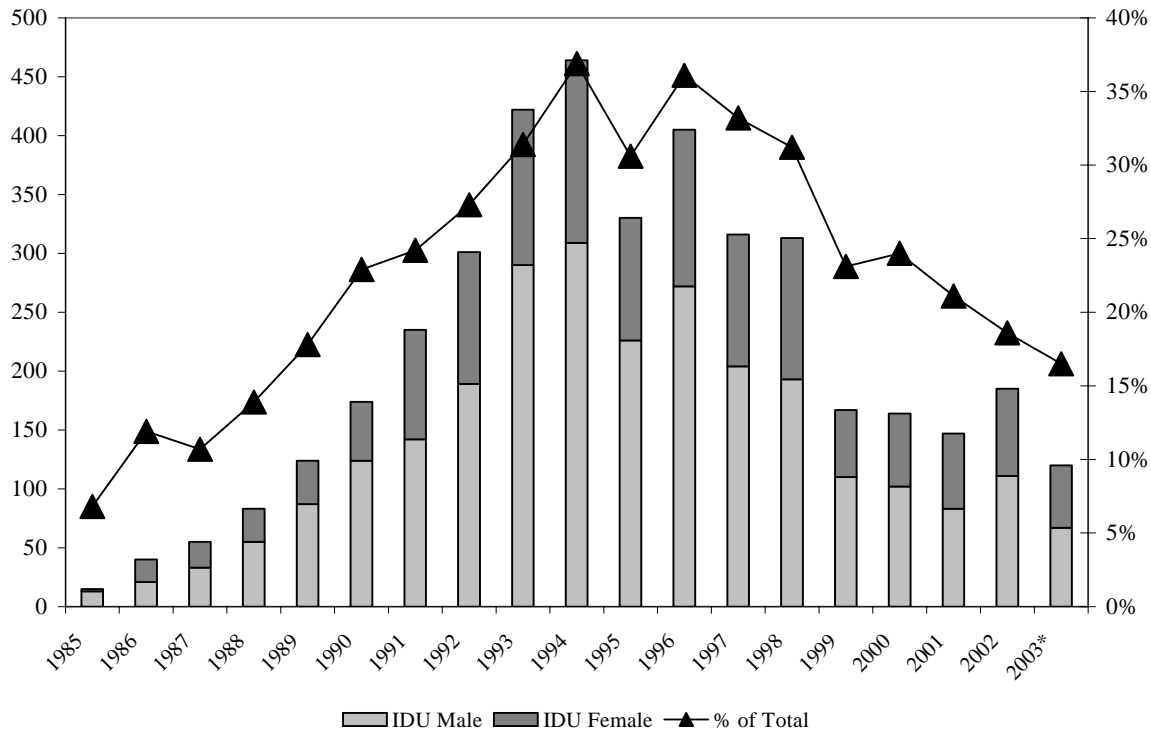
In the Washington, D.C. Primary Metropolitan Statistical Area (PMSA), which includes counties in Maryland, Virginia, and West Virginia, there are an estimated 39,100 injecting drug users; of whom 14.5 percent or 5,680 persons are estimated to be HIV positive⁸. Scott Holmberg, who determined these estimates in his paper cited below, estimates that there are 1,370 new HIV infections among injecting drug users every year in the Washington, D.C. PMSA. This is an estimated incidence of 4.1 per 100 person-years. This figure is very similar to the estimate made for the Baltimore PMSA (4.0 per 100 person-years), which has demographic and socio-demographic characteristics very similar to the District of Columbia.

Figure 13. illustrates:

- *The rise in AIDS cases attributed to injecting drug use from 1985, peaking in 1994 and 1996; and,*
- *The increasing number of female AIDS cases attributed to injecting drug use.*

⁸ *The Estimated Prevalence and Incidence of HIV in 96 Large US Metropolitan Areas*, (Scott D. Holmberg July 1995)

Figure 13. Number and percent of AIDS cases among injecting drug users (IDU), by year of diagnosis, District of Columbia, 1985 – 2003



SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

* Diagnosed AIDS cases in the year 2003 may be incomplete due to reporting delays

The District of Columbia HIV Counseling and Testing data, 1999-2003 (See Appendix 1) shows the percentage of individuals who tested HIV positive and reported injecting drugs.

The percent average for individuals who tested HIV positive and reported injecting drugs was 13% in 1996-1999, and 13% in 2000-2003.

VII. AIDS Cases Attributed to Heterosexual Contact

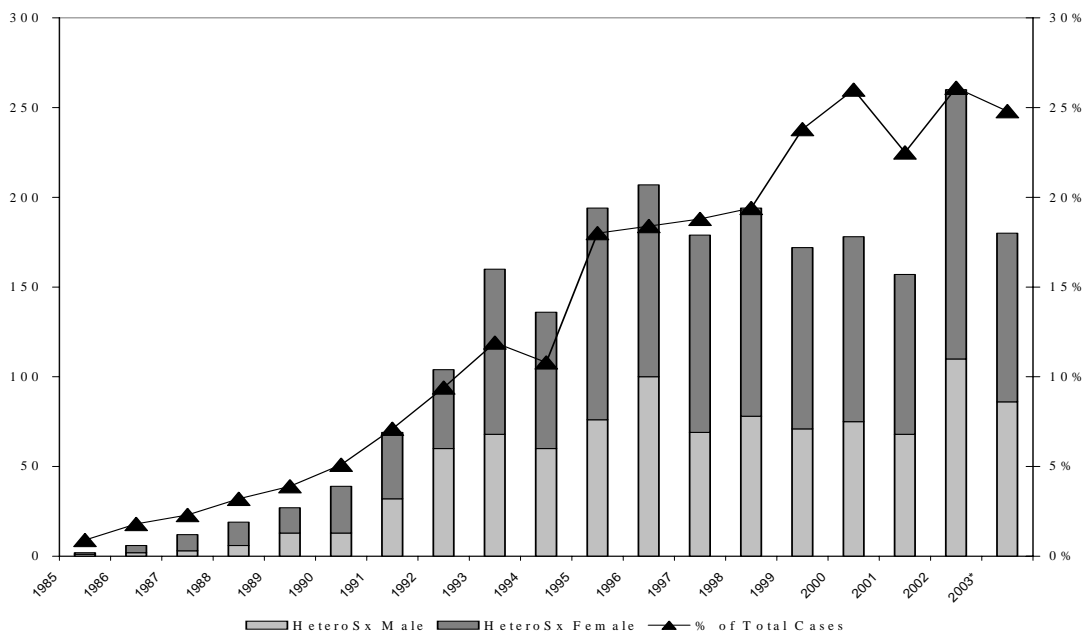
Heterosexual contact is considered the HIV-exposure mode for persons whose only reported risk is heterosexual contact with high-risk partner(s) or with individuals diagnosed with HIV or AIDS. Persons considered to be high-risk partners are bisexual men; injecting drug users; and recipient of clotting factor concentrates, HIV contaminated blood transfusions or tissues. AIDS cases are classified in a risk-factor hierarchy developed by the CDC; for example, cases among persons who report both heterosexual contact and receipt of transfusions as potential HIV exposure modes are hierarchically classified as heterosexually acquired for purposes of analysis.

Persons infected through heterosexual contact accounted for the fastest and largest growing proportion of total reported AIDS cases in the District of Columbia from 1996 to 2003.

Persons infected through heterosexual contact accounted for:

- 15% (2,361) of cumulative cases in the District
- 20% (1,770) of living AIDS cases reported through December 31, 2003.
- One third of the estimated number of persons living with HIV (not AIDS).

Figure 14. Number and percent of AIDS cases attributed to heterosexual contact, by year of diagnosis, District of Columbia, 1985 – 2003



* Diagnosed AIDS cases in the year 2003 may be incomplete due to reporting delays

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

Figure 14 illustrates the dramatic rise in AIDS cases in the District of Columbia attributed to heterosexual contact, especially among women.

Table 8 below shows by Ward the highest burden of HIV disease on women is where the ratio of female to male AIDS cases approximates 1 to 1.

The District of Columbia HIV Counseling and Testing data, 1999-2003 (See Appendix 1) shows the percentage of individuals who tested HIV positive and reported heterosexual contact.

- *The percent average of individuals who tested HIV positive and reported heterosexual contact was 15% in 1996-1999, and 12% in 2000-2003.*
- *The percent average of individuals who tested HIV positive and reported having sex with a partner at risk for HIV was 11% in 1996-1999, and 11% in 2000-2003.*
- *The percent average of individuals who tested HIV positive and exchange sex for money/drugs was 2% in 1996-1999, and 4% in 2000-2003.*
- *The percent average of individuals who tested HIV positive and engaged in sex while using non-injecting drugs was 4% in 1996-1999, and 7% in 2000-2003.*

VIII. Summary

The impact of HIV/AIDS in the reporting period 1996 – 2003, is more greatly felt among the heterosexual community. AIDS cases attributed to heterosexual contact make up about 22% of recent AIDS cases and about 20% of living AIDS cases. Men who have sex with men (MSM) make up the largest group of recent and living AIDS cases, 32% and 37% respectively. Injecting drug users comprise the next largest group in recent and living cases, with about 25% of recent and 24% of living AIDS cases among this group.

The recent requirement of HIV case reporting by laboratories has caused the number of newly discovered AIDS cases to significantly rise. AIDS cases reported to the health department from laboratory reporting often do not have risk information and are thus categorized as *no identified risk* or NIR. AIDS cases with *no identified risk* make up nearly 16% of living AIDS cases and about 19% of recent cases.

Table 8. Cumulative and recent AIDS cases by Ward in the District of Columbia, reported through December 31, 2003

Ward	Cumulative AIDS Incidence December 31, 2003		Recent AIDS Incidence (1996 - 2003)		Recent AIDS Incidence Selected Risk Indicators				
	No.	%	No.	%	Female to Male Ratio (Adult Cases)	% Cases among Injecting Drug Users (IDU's)	% Cases Related to IDU through sex or childbirth	% Cases Heterosexual sex w/ a person with HIV; risk unspecified	MSM Total (Including MSM/IDU)
1	2,788	16.6%	1,068	15.5%	1 to 3.42	18.9%	4.0%	30.3%	45.8%
2	2,557	15.3%	886	12.9%	1 to 4.08	16.0%	3.6%	26.4%	53.0%
3	503	3.0%	118	1.7%	1 to 5.50	8.5%	3.4%	24.8%	63.2%
4	1,532	9.1%	667	9.7%	1 to 2.60	22.6%	4.4%	35.0%	36.8%
5	2,053	12.1%	915	13.2%	1 to 2.30	27.3%	5.5%	33.4%	33.4%
6	2,283	13.6%	903	13.1%	1 to 2.93	24.0%	5.5%	28.4%	41.3%
7	1,430	8.5%	735	10.7%	1 to 1.51	35.1%	7.7%	35.0%	21.4%
8	1,603	9.4%	876	12.6%	1 to 1.36	33.8%	7.6%	37.9%	20.2%
Total	14,749	87.7%	6,168	89.5%	1 to 2.45	24.7%	5.4%	31.9%	37.2%
Total	16,532*	100.0%	7,027*	100.0%	1 to 2.58	26.6%	5.6%	31.0%	36.0%

Total includes 1,783 cases who were incarcerated, homeless, or with unknown residence.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

Table 8 describes the severity of HIV/AIDS in the District of Columbia by geographic and demographic characteristics.

- One third of cumulative AIDS cases are among persons who live in Wards 1 and 2.
- Approximately one quarter of cumulative AIDS cases were diagnosed in persons living in Wards 5 and 6.

Since the advent and wide spread use of highly active anti-retroviral therapy, or HAART, in 1996 there has been a shift in the demographics of diagnosed AIDS cases. While the number of cases in Wards 1 and 2 has declined slightly, the percentage of cases in Ward 3 has fallen to half the number of cumulative cases. In addition, AIDS cases diagnosed among persons living in Wards 7 and 8 have risen, with cases in Ward 8 increasing by 3.2 percent.

The selected risk factors of recent AIDS incidence, following HAART, give some indication of the underlying differences in numbers of AIDS cases in the District. The ratio of female to male adult AIDS cases shows that there are approximately five times more male AIDS cases to female AIDS cases in Ward 3. The burden of disease by gender is much more evenly distributed among persons living in Wards 7 and 8, where the ratio of male to female adult AIDS cases is 1 to 1.51 and 1 to 1.36 respectively. Wards 7 and 8 have a much higher percentage of cases related to injecting drug use, with 35 percent of recent cases among IDU in Ward 7 and 34 percent of recent cases in Ward 8. Cases related to injection drug use through sex or childbirth are significantly higher in Wards 7 and 8 compared to the District as a whole and in all other wards. Not surprisingly, the percentage of heterosexual contact cases in Wards 7 and 8, 35 and 38 percent respectively, are higher than the District as a whole and higher than in other wards.

Table 9 provides an overall summary of the cumulative, living and recently diagnosed AIDS cases by mode of exposure. This table shows that in the District of Columbia, about 50% of cumulative AIDS cases are among men who have sex with men and men who have sex with men and inject drugs, about 24% are among injecting drug users, about 15% are heterosexual contact cases and almost 12% are cases which have no identified risk information, also known as NIR.

Table 9 also describes AIDS cases among men who have sex with men (MSM), men who have sex with men and inject drugs (MSM/IDU), injecting drug users (IDU), heterosexual contact cases, and no identified risk (NIR) by gender. The time period 1996 to 2003 was chosen because highly active antiretroviral therapy or HAART was in widespread use after 1996. The availability and use of HAART in the United States changed trends in diagnosed AIDS cases, prolonging the time between initial HIV diagnosis and initial AIDS diagnosis.

Table 9. Cumulative, living and recent AIDS cases among MSM, IDU, heterosexual contact, and NIR by gender, District of Columbia, reported through December 31, 2003

Mode of Exposure	Cumulative cases		Alive cases		1996 - 2003*	
	No.	%	No.	%	No.	%
Male-male sex (MSM)	7,525	(45.5)	3,544	(37.5)	2,306	(32.8)
MSM/IDU	705	(4.3)	304	(3.2)	172	(2.4)
Injecting drug users (IDU)	4,128	(25.0)	2,382	(25.2)	1,820	(25.9)
Male	2,671	(16.2)	1,513	(16.0)	1,142	(16.3)
Female	1,457	(8.8)	869	(9.2)	678	(9.6)
Heterosexual contact	2,368	(14.3)	1,774	(18.7)	1,526	(21.7)
Male	1,021	(6.2)	769	(8.1)	657	(9.3)
Female	1,347	(8.1)	1,005	(10.6)	869	(12.4)
NIR	1,806	(10.9)	1,371	(14.5)	1,203	(17.1)
Male	1,245	(7.5)	915	(9.7)	791	(11.3)
Female	561	(3.4)	543	(5.7)	412	(5.9)
Adult Subtotal						
Male	13,167	(79.6)	7,045	(74.5)	5,068	(72.1)
Female	3,365	(20.4)	2,417	(25.5)	1,959	(27.9)
Total	16,532	(100)	9,462	(100)	7,027	(100)

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

The reader should note the increasing number of AIDS cases with *No Identified Risk (NIR)*. The data collected through the health department's HIV/AIDS surveillance activities are limited by the completeness and extent of behavioral risk documentation by physicians and care providers.

Also, the District uses a *Unique Identifier System* in which no names are reported, follow up investigation on many of these AIDS cases that were initially reported as an HIV case cannot be conducted.

The majority of no identified risk AIDS cases are male, with about one third of cumulative, living and recent cases among females.

Table 10. Cumulative AIDS, Deaths, AIDS Case Fatality Rate and AIDS Incidence by Mode of Exposure, District of Columbia, reported through December 31, 2003.

Mode of Exposure	Cumulative AIDS Cases		Deaths		AIDS Case-Fatality Rate	AIDS Incidence*	
	No.	%	No.	%	%	No.	%
Male-male sex (MSM)	7,525	(45.5)	3,981	(55.6)	52.9	502	(28.8)
Injecting drug users (IDU)	4,128	(25.0)	1,746	(24.4)	42.3	335	(19.2)
Male	2,671	(16.2)	1,158	(16.2)	43.4	195	(11.2)
Female	1,457	(8.8)	588	(8.2)	40.4	140	(8.0)
MSM/IDU	705	(4.3)	401	(5.6)	56.9	39	(2.2)
Heterosexual contact	2,368	(14.3)	594	(8.3)	25.1	415	(23.8)
Male	1,021	(6.2)	252	(3.5)	24.7	178	(10.2)
Female	1,347	(8.1)	342	(4.8)	25.4	237	(13.6)
No identified risk (NIR)	1,806	(10.9)	435	(6.1)	24.1	454	(26.0)
Male	1,245	(7.5)	330	(4.6)	26.5	300	(17.2)
Female	561	(3.4)	105	(1.5)	18.7	154	(8.8)
Adult Subtotal							
Male	13,167	(79.6)	6,122	(85.5)	46.5	1,214	(69.6)
Female	3,365	(20.4)	1,035	(14.5)	30.8	531	(30.4)
Total	16,532	(100.0)	7,157	(100.0)	43.3%	1,745	(100.0)

* AIDS Incident cases are diagnosed AIDS cases from 1/01/01 - 12/31/02

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

The total AIDS case-fatality rate for the District of Columbia is 43.3 percent. Case-fatality rates are the number of deceased AIDS cases divided by the total number of diagnosed AIDS cases. When looking across subpopulation data, the AIDS case-fatality rate can show potential differences in duration of HIV infection, access to care and treatment, and/or adherence to therapy.

The majority of these deaths have been among men who have sex with men, 55.6 percent. The next largest group among those who have died are injecting drug users, 24.4 percent. Comparing the mortality, or number of deaths, with the number of *new* AIDS cases, the second column above, we see that new AIDS cases are almost split equally between men who have sex with men (28.8 percent), heterosexual contact cases (23.8 percent), and cases with no identified risk (26.0 percent). These AIDS cases diagnosed in the two year period, 2001 to 2002, make up about 25 percent of the *recent cases* referred to in tables 10 and 11. The trends shown in figures 8, 10 and 11 are once more seen here in the incident AIDS cases.

(NOTE: For case-fatality rates by risk, gender and race, please see Appendix A19)

The data presented in the following tables are AIDS cases diagnosed through December 31, 2003 and reported through December 31, 2004. All data included should be used with caution, as the tables presented are summary tables. Any trends that may be deduced should be taken in context. Any rates calculated from the tables provided should be used knowing that the population provided is taken from the U.S. Bureau of the Census, 2000 Census data and that population sizes change over time.

APPENDICES

A1. Counseling and testing data by demographics and type of test, for those positive persons who self identify as Not Previously Positive*, District of Columbia, 1996 – 1999.

	1996		1997		1998		1999	
	No.	%	No.	%	No.	%	No.	%
Sex								
Male	315	75%	297	74%	278	72%	190	73%
Female	103	25%	105	26%	110	28%	68	26%
Unknown	0	0%	0	0%	0	0%	<5	1%
Race/ethnicity								
White, non-Hispanic	44	10.5%	31	7.7%	52	13.4%	18	6.9%
Black, non-Hispanic	351	84.0%	347	86.3%	304	78.4%	217	83.5%
Hispanic	16	3.8%	19	4.7%	24	6.2%	22	8.5%
Asian/PI	<5	0%	<5	0.2%	<5	0.8%	<5	0.8%
American Indian/AK Native	<5	0%	<5	0.5%	0	0.0%	0	0%
Other	<5	0.7%	<5	0.5%	<5	0.8%	<5	0.4%
Unknown	0	0%	0	0.0%	0	0.0%	0	0.0%
Age(years)								
<5	<5	1%	<5	0.2%	<5	0.3%	0	0.0%
5 - 12	0	0%	0	0%	0	0.0%	0	0.0%
13 - 19	14	3%	7	1.7%	12	3.1%	9	3.5%
20 - 24	47	11%	40	10.0%	31	8.0%	24	9.2%
25 - 29	72	17%	70	17.4%	71	18.3%	41	15.8%
30 - 34	100	24%	90	22.4%	94	24.2%	44	16.9%
35 - 39	75	18%	79	19.7%	61	15.7%	61	23.5%
40 - 44	60	14%	64	15.9%	63	16.2%	40	15.4%
45 - 49	25	6%	33	8.2%	34	8.8%	23	8.8%
50 - 54	9	2%	11	2.7%	13	3.4%	9	3.5%
55 - 59	<5	1%	<5	0.7%	<5	1.0%	<5	1.5%
60 and above	8	2%	<5	1.0%	<5	1.0%	5	1.9%
Exposure to HIV								
Male-to-male sex	159	38.0%	105	26.1%	121	31.2%	53	20.4%
Injecting drug user (IDU)	61	14.6%	60	14.9%	46	11.9%	21	8.1%
MSM/IDU	8	1.9%	5	1.2%	9	2.3%	8	3.1%
Heterosexual contact	43	10.3%	66	16.4%	60	15.5%	47	18.1%
Sex partner at risk	40	9.6%	41	10.2%	38	9.8%	38	14.6%
STD diagnosis	70	16.7%	93	23.1%	71	18.3%	58	22.3%
Exchd sex for drugs/money	6	1.4%	7	1.7%	10	2.6%	10	3.8%
Sex using non-inject drugs	17	4.1%	13	3.2%	20	5.2%	13	5.0%
Hemophilia/blood recipient	0	0.0%	0	0.0%	<5	0.5%	<5	0.4%
Victim of sexual assault	<5	0.5%	0	0.0%	0	0.0%	0	0.0%
Healthcare exposure	<5	0.2%	<5	0.5%	0	0.0%	0	0.0%
Other	<5	0.2%	<5	0.2%	<5	0.5%	<5	0.4%
No acknowledged risk	<5	0.2%	5	1.2%	8	2.1%	10	3.8%
Not specified	8	1.9%	<5	1.0%	<5	0.3%	0	0.0%
Total	418	100%	402	100%	388	100%	260	100%

* Persons who self-identify as *newly positive* include all persons with the following responses to the CTR question,

"Was the client tested previously?"

(i. No ii. Yes, result was negative, iii. Yes, result was inconclusive, iv. Yes, result was unknown)

SOURCE: HIV/AIDS Counseling, Testing and Referral, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A1 (Cont.) Counseling and testing data, by demographics and type of test for those positive persons who self identify as Not Previously Positive*, District of Columbia, 2000 – 2003.

	2000		2001		2002		2003	
	No.	%	No.	%	No.	%	No.	%
Sex								
Male	148	67%	180	71%	196	69%	165	74%
Female	73	33%	71	28%	89	31%	53	24%
Unknown	0	0%	<5	<1%	0	0%	6	3%
Race/ethnicity								
White, non-Hispanic	18	8.1%	13	5.2%	13	4.6%	10	4.5%
Black, non-Hispanic	180	81.4%	222	88.1%	252	88.4%	194	86.6%
Hispanic	18	8.1%	12	4.8%	18	6.3%	15	6.7%
Asian/PI	0	0.0%	<5	<1%	0	0.0%	<5	<1%
American Indian/AK Native	<5	<1%	0	0.0%	0	0.0%	0	0.0%
Other	<5	<1%	<5	1.2%	<5	<1%	0	0.0%
Unknown	0	0.0%	<5	<1%	0	0.0%	<5	<5%
Age(years)								
<5	0	0.0%	<5	<1%	<5	<1%	6	2.7%
5 - 12	0	0.0%	0	0.0%	0	0.0%	0	0.0%
13 - 19	10	4.5%	7	2.8%	5	1.8%	8	3.6%
20 - 24	37	16.7%	35	13.9%	29	10.2%	28	12.5%
25 - 29	38	17.2%	39	15.5%	30	10.5%	28	12.5%
30 - 34	37	16.7%	38	15.1%	36	12.6%	23	10.3%
35 - 39	37	16.7%	41	16.3%	63	22.1%	30	13.4%
40 - 44	31	14.0%	36	14.3%	44	15.4%	40	17.9%
45 - 49	22	10.0%	35	13.9%	33	11.6%	27	12.1%
50 - 54	5	2.3%	11	4.4%	26	9.1%	25	11.2%
55 - 59	<5	<1%	<5	1.2%	7	2.5%	7	3.1%
60 and above	<5	<1%	6	2.4%	11	3.9%	<5	<1%
Exposure to HIV								
Male-to-male sex	39	17.6%	71	28.2%	76	26.7%	55	24.6%
Injecting drug user (IDU)	22	10.0%	30	11.9%	47	16.5%	32	14.3%
MSM/IDU	<5	1.8%	<5	1.6%	8	2.8%	7	3.1%
Heterosexual contact	24	10.9%	35	13.9%	37	13.0%	23	10.3%
Sex partner at risk	26	11.8%	24	9.5%	29	10.2%	30	13.4%
STD diagnosis	74	33.5%	46	18.3%	37	13.0%	29	12.9%
Exchd sex for drugs/money	10	4.5%	8	3.2%	15	5.3%	10	4.5%
Sex using non-inject drugs	11	5.0%	22	8.7%	21	7.4%	15	6.7%
Hemophilia/blood recipient	<5	<1%	0	0.0%	0	0.0%	<5	<1%
Victim of sexual assault	0	0.0%	0	0.0%	<5	<1%	<5	<1%
Healthcare exposure	<5	<1%	<5	<1%	0	0.0%	0	0.0%
Other	<5	1.4%	0	0.0%	0	0.0%	<5	<5%
No acknowledged risk	6	2.7%	8	3.2%	10	3.5%	10	4.5%
Not specified	0	0.0%	<5	1.2%	<5	1.4%	7	3.1%
Total	221	100%	252	100%	285	100%	224	100.0%

* Persons who self-identify as newly positive include all persons with the following responses to the CTR question,

"Was the client tested previously?"

(i. No, ii. Yes, result was negative, iii. Yes, result was inconclusive, iv. Yes, result was unknown)

SOURCE: HIV/AIDS Counseling, Testing and Referral, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A2. District of Columbia population, U.S. Census 2000				
Race/Ethnicity	Gender	Age	Total #	% Of Total
Black	Male	0-12	32,386	21.0%
59.0%	45.1%	13-19	15,507	10.0%
		20-24	10,422	6.7%
		25-29	10,232	6.6%
		30-34	10,764	7.0%
		35-39	12,374	8.0%
		40-44	12,328	8.0%
		45-49	11,297	7.3%
		50+	39,217	25.4%
Subtotal			154,527	100.0%
	Female	0-12	32,219	17.2%
	54.9%	13-19	16,215	8.6%
		20-24	12,977	6.9%
		25-29	12,631	6.7%
		30-34	12,503	6.7%
		35-39	13,933	7.4%
		40-44	14,032	7.5%
		45-49	13,530	7.2%
		50+	59,725	31.8%
Subtotal			187,765	100.0%
Hispanic/Latino	Male	0-12	4,495	19.0%
7.7%	52.6%	13-19	2,322	9.8%
		20-24	3,042	12.9%
		25-29	3,315	14.0%
		30-34	2,874	12.1%
		35-39	2,347	9.9%
		40-44	1,617	6.8%
		45-49	1,236	5.2%
		50+	2,419	10.2%
Subtotal			23,667	100.0%
	Female	0-12	4,340	20.4%
	47.4%	13-19	2,044	9.6%
		20-24	2,435	11.4%
		25-29	2,373	11.1%
		30-34	2,208	10.4%
		35-39	1,827	8.6%
		40-44	1,403	6.6%
		45-49	1,200	5.6%
		50+	3,456	16.2%

A2. District of Columbia population, U.S. Census 2000				
Race/Ethnicity	Gender	Age	Total #	% Of Total
Subtotal			21,286	100.0%
White/Caucasian	Male	0-12	6,805	7.7%
30.3%	49.9%	13-19	5,690	6.5%
		20-24	9,775	11.1%
		25-29	11,321	12.9%
		30-34	10,712	12.2%
		35-39	8,585	9.8%
		40-44	6,569	7.5%
		45-49	6,059	6.9%
		50+	22,298	25.4%
Subtotal			87,814	100.0%
	Female	0-12	6,431	7.3%
	50.1%	13-19	6,699	7.6%
		20-24	11,632	13.2%
		25-29	11,452	13.0%
		30-34	9,204	10.4%
		35-39	6,533	7.4%
		40-44	5,332	6.0%
		45-49	5,517	6.2%
		50+	25,487	28.9%
Subtotal			88,287	100.0%
Asian/Pacific Islander	Male	0-12	655	9.6%
2.7%	44.2%	13-19	608	8.9%
		20-24	1,025	15.0%
		25-29	1,135	16.6%
		30-34	873	12.7%
		35-39	574	8.4%
		40-44	416	6.1%
		45-49	371	5.4%
		50+	1,197	17.5%
Subtotal			6,854	100.0%
	Female	0-12	704	8.1%
	55.8%	13-19	688	7.9%
		20-24	1,441	16.6%
		25-29	1,502	17.3%
		30-34	933	10.8%
		35-39	627	7.2%
		40-44	531	6.1%
		45-49	573	6.6%

A2. District of Columbia population, U.S. Census 2000				
Race/Ethnicity	Gender	Age	Total #	% Of Total
		50+	1,662	19.2%
Subtotal			8,661	100.0%
American Indian/ Alaskan Native	Male	0-12	143	17.4%
0.3%	48.0%	13-19	59	7.2%
		20-24	64	7.8%
		25-29	71	8.6%
		30-34	76	9.2%
		35-39	94	11.4%
		40-44	50	6.1%
		45-49	66	8.0%
		50+	200	24.3%
Subtotal			823	100.0%
	Female	0-12	134	15.1%
	52.0%	13-19	72	8.1%
		20-24	63	7.1%
		25-29	68	7.6%
		30-34	74	8.3%
		35-39	81	9.1%
		40-44	54	6.1%
		45-49	68	7.6%
		50+	276	31.0%
Subtotal			890	100.0%
Total	Male		273,685	47.1%
Total	Female		306,889	52.9%
TOTAL	Male & Female		580,574	100.0%

SOURCE: U.S. Bureau of the Census, Census 2000

A3. AIDS cases among Men who have Sex with Men (MSM), District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	16	0.4%	13	0.7%	10	0.7%	0.14%
Black	20-24	184	4.4%	84	4.2%	55	4.0%	0.78%
Black	25-29	674	16.0%	300	15.1%	160	11.7%	2.27%
Black	30-34	1,025	24.3%	477	23.9%	295	21.6%	4.18%
Black	35-39	928	22.0%	455	22.8%	314	23.0%	4.45%
Black	40-44	625	14.8%	313	15.7%	240	17.6%	3.40%
Black	45-49	368	8.7%	175	8.8%	149	10.9%	2.11%
Black	50+	392	9.3%	176	8.8%	141	10.3%	2.00%
Subtotal		4,212	100.0%	1,993	100.0%	1,364	100.0%	19.33%
Hispanic/Latino	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
Hispanic/Latino	20-24	7	2.3%	<5	2.4%	6	4.6%	0.09%
Hispanic/Latino	25-29	54	18.1%	36	21.2%	24	18.5%	0.34%
Hispanic/Latino	30-34	73	24.4%	35	20.6%	29	22.3%	0.41%
Hispanic/Latino	35-39	66	22.1%	31	18.2%	28	21.5%	0.40%
Hispanic/Latino	40-44	40	13.4%	25	14.7%	18	13.8%	0.26%
Hispanic/Latino	45-49	31	10.4%	22	12.9%	11	8.5%	0.16%
Hispanic/Latino	50+	28	9.4%	17	10.0%	14	10.8%	0.20%
Subtotal		299	100.0%	170	100.0%	130	100.0%	1.84%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
White	20-24	48	1.8%	21	2.2%	6	1.3%	0.09%
White	25-29	294	11.3%	116	12.1%	42	8.9%	0.60%
White	30-34	545	21.3%	208	21.8%	84	17.8%	1.19%
White	35-39	607	23.6%	217	22.7%	112	23.7%	1.59%
White	40-44	478	18.8%	182	19.1%	86	18.2%	1.22%
White	45-49	316	12.2%	108	11.3%	62	13.1%	0.88%
White	50+	274	10.9%	103	10.8%	81	17.1%	1.15%
Subtotal		2,562	100.0%	955	100.0%	473	100.0%	6.71%
TOTAL		7,525	100.0%	3,544	100.0%	2,329	100.0%	33.04%
API	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
API	20-24	<5	6.1%	<5	7.7%	<5	12.5%	0.03%
API	25-29	<5	6.1%	<5	7.7%	0	0.0%	0.00%
API	30-34	5	15.2%	<5	11.5%	<5	18.8%	0.04%
API	35-39	9	27.3%	9	34.6%	6	37.5%	0.09%
API	40-44	7	21.2%	6	23.1%	<5	25.0%	0.06%
API	45-49	5	15.2%	<5	11.5%	0	0.0%	0.00%
API	50+	<5	9.1%	<5	3.8%	<5	6.3%	0.01%
Subtotal		33	100.0%	26	100.0%	16	100.0%	0.23%
Unknown/Other	13-19	<5	1.0%	<5	1.0%	<5	1.2%	0.06%
Unknown/Other	20-24	29	6.9%	29	7.3%	25	7.2%	0.35%
Unknown/Other	25-29	30	7.2%	29	7.3%	18	5.2%	0.26%
Unknown/Other	30-34	74	17.7%	73	18.3%	62	17.9%	0.88%
Unknown/Other	35-39	95	22.7%	92	23.0%	78	22.5%	1.11%
Unknown/Other	40-44	82	19.6%	79	19.8%	68	19.7%	0.96%

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Unknown/Other	45-49	42	10.0%	40	10.0%	34	9.8%	0.48%
Unknown/Other	50+	63	15.0%	54	13.5%	57	16.5%	0.81%
Subtotal		419	100.0%	400	100.0%	346	100.0%	4.91%
TOTAL		7,525	100.0%	3,544	100.0%	2,329	100.0%	33.04%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (*Highly Active Anti-Retroviral Therapy*) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A4. AIDS deaths and incidence among Men who have Sex with Men (MSM), District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	3	0.1%	5	1.4%
Black	20-24	100	4.5%	18	5.0%
Black	25-29	374	16.9%	22	6.1%
Black	30-34	548	24.7%	65	17.9%
Black	35-39	473	21.3%	71	19.6%
Black	40-44	312	14.1%	65	17.9%
Black	45-49	193	8.7%	64	17.6%
Black	50+	216	9.7%	53	14.6%
Subtotal		2,219	100.0%	363	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	<5	2.3%	<5	3.2%
Hispanic/Latino	25-29	18	14.0%	5	16.1%
Hispanic/Latino	30-34	38	29.5%	5	16.1%
Hispanic/Latino	35-39	35	27.1%	12	38.7%
Hispanic/Latino	40-44	15	11.6%	<5	9.7%
Hispanic/Latino	45-49	9	7.0%	<5	3.2%
Hispanic/Latino	50+	11	8.5%	<5	12.9%
Subtotal		129	100.0%	31	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	27	1.8%	<5	1.9%
White	25-29	178	11.3%	7	6.8%
White	30-34	337	21.3%	18	17.5%
White	35-39	390	23.6%	21	20.4%
White	40-44	296	18.8%	23	22.3%
White	45-49	208	12.2%	14	13.6%
White	50+	171	10.9%	18	17.5%
Subtotal		1,607	100.0%	103	100.0%
TOTAL		3,981	100.0%	502	100.0%
API	13-19	0	0.0%	0	0.0%
API	20-24	0	6.1%	0	0.0%
API	25-29	0	6.1%	0	0.0%
API	30-34	<5	15.2%	0	0.0%
API	35-39	0	27.3%	<5	33.3%
API	40-44	<5	21.2%	<5	66.7%
API	45-49	<5	15.2%	0	0.0%
API	50+	<5	9.1%	0	0.0%
Subtotal		7	100.0%	<5	100.0%

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

**A4. (cont.) AIDS deaths and incidence among Men who have Sex with Men (MSM),
District of Columbia**

Unknown/Other	13-19	0	1.0%	0	0.0%
Unknown/Other	20-24	0	6.9%	0	0.0%
Unknown/Other	25-29	<5	7.2%	0	0.0%
Unknown/Other	30-34	<5	17.7%	0	0.0%
Unknown/Other	35-39	<5	22.7%	<5	50.0%
Unknown/Other	40-44	<5	19.6%	0	0.0%
Unknown/Other	45-49	<5	10.0%	0	0.0%
Unknown/Other	50+	9	15.0%	<5	50.0%
Subtotal		19	100.0%	<5	100.0%
TOTAL		3,981	100.0%	502	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 – 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A5. AIDS cases among male Injecting Drug Users (IDU), District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	%
Black	13-19	<5	0.0%	<5	0.1%	0	0.0%	0.00%
Black	20-24	23	1.0%	15	1.1%	6	0.6%	0.09%
Black	25-29	83	3.5%	46	3.5%	30	3.1%	0.43%
Black	30-34	299	12.5%	139	10.6%	88	9.0%	1.25%
Black	35-39	546	22.8%	276	21.1%	157	16.1%	2.23%
Black	40-44	657	27.4%	377	28.8%	278	28.5%	3.94%
Black	45-49	445	18.5%	275	21.0%	225	23.1%	3.19%
Black	50+	345	14.4%	179	13.7%	192	19.7%	2.72%
Subtotal		2,399	100.0%	1,308	100.0%	976	100.0%	13.84%
Hispanic/Latino	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
Hispanic/Latino	20-24	<5	2.7%	<5	4.5%	<5	6.3%	0.01%
Hispanic/Latino	25-29	<5	2.7%	<5	4.5%	<5	6.3%	0.01%
Hispanic/Latino	30-34	11	29.7%	<5	18.2%	<5	18.8%	0.04%
Hispanic/Latino	35-39	7	18.9%	<5	18.2%	<5	12.5%	0.03%
Hispanic/Latino	40-44	11	29.7%	7	31.8%	<5	25.0%	0.06%
Hispanic/Latino	45-49	<5	5.4%	<5	9.1%	<5	12.5%	0.03%
Hispanic/Latino	50+	<5	10.8%	<5	13.6%	<5	18.8%	0.04%
Subtotal		37	100.0%	22	100.0%	16	100.0%	0.23%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
White	20-24	0	0.0%	0	0.0%	0	0.0%	0.0%
White	25-29	13	15.9%	8	17.0%	<5	9.4%	0.04%
White	30-34	20	24.4%	12	25.5%	6	18.8%	0.09%
White	35-39	18	22.0%	10	21.3%	9	28.1%	0.13%
White	40-44	19	23.2%	12	25.5%	8	25.0%	0.11%
White	45-49	<5	4.9%	<5	2.1%	<5	6.3%	0.03%
White	50+	8	9.8%	<5	8.5%	<5	12.5%	0.06%
Subtotal		82	100.0%	47	100.0%	32	100.0%	0.45%
Unknown/Other	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
Unknown/Other	20-24	<5	0.7%	<5	0.7%	<5	0.8%	0.01%
Unknown/Other	25-29	<5	1.3%	<5	1.5%	<5	1.7%	0.03%
Unknown/Other	30-34	6	3.9%	6	4.4%	5	4.2%	0.07%
Unknown/Other	35-39	17	11.1%	15	11.0%	11	9.3%	0.16%
Unknown/Other	40-44	30	19.6%	28	20.6%	23	19.5%	0.33%
Unknown/Other	45-49	41	26.8%	35	25.7%	34	28.8%	0.48%
Unknown/Other	50+	56	36.6%	49	36.0%	42	35.6%	0.60%
Subtotal		153	100.0%	136	100.0%	118	100.0%	1.67%
TOTAL		2,804	100.0%	1,513	100.0%	1,142	100.0%	16.20%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A6. AIDS deaths and incidence among male Injecting Drug Users (IDU), District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	0	0.0%	0	0.0%
Black	20-24	8	0.7%	<5	0.5%
Black	25-29	37	3.4%	5	2.7%
Black	30-34	160	14.7%	10	5.4%
Black	35-39	270	24.7%	30	16.2%
Black	40-44	280	25.7%	38	20.5%
Black	45-49	170	15.6%	50	27.0%
Black	50+	166	15.2%	51	27.6%
Subtotal		1,091	100.0%	185	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	0	0.0%	<5	16.7%
Hispanic/Latino	25-29	0	0.0%	0	4.5%
Hispanic/Latino	30-34	7	46.7%	<5	16.7%
Hispanic/Latino	35-39	<5	20.0%	0	0.0%
Hispanic/Latino	40-44	<5	26.7%	0	0.0%
Hispanic/Latino	45-49	0	0.0%	<5	33.3%
Hispanic/Latino	50+	<5	6.7%	<5	33.3%
Subtotal		15	100.0%	6	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	0	0.0%	0	0.0%
White	25-29	5	14.3%	0	0.0%
White	30-34	8	22.9%	0	0.0%
White	35-39	8	22.9%	<5	50.0%
White	40-44	7	20.0%	0	0.0%
White	45-49	<5	8.6%	0	0.0%
White	50+	<5	11.4%	<5	50.0%
Subtotal		35	100.0%	<5	100.0%
Unknown/Other	13-19	0	0.0%	0	0.0%
Unknown/Other	20-24	0	0.0%	0	0.0%
Unknown/Other	25-29	0	0.0%	0	0.0%
Unknown/Other	30-34	0	0.0%	0	0.0%
Unknown/Other	35-39	<5	11.8%	0	0.0%
Unknown/Other	40-44	<5	11.8%	0	0.0%
Unknown/Other	45-49	6	35.3%	0	0.0%
Unknown/Other	50+	7	41.2%	0	0.0%
Subtotal		17	100.0%	0	100.0%
TOTAL		1,158	100.0%	195	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 - 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A7. AIDS cases among female Injecting Drug Users (IDU), District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	<5	0.1%	0	0.0%	0	0.0%	0.00%
Black	20-24	30	2.3%	13	1.8%	10	1.8%	0.14%
Black	25-29	108	8.4%	50	6.8%	32	5.6%	0.45%
Black	30-34	281	21.8%	156	21.3%	84	14.7%	1.19%
Black	35-39	318	24.7%	179	24.5%	139	24.3%	1.97%
Black	40-44	299	23.2%	181	24.8%	153	26.8%	2.17%
Black	45-49	156	12.1%	102	14.0%	101	17.7%	1.43%
Black	50+	96	7.4%	50	6.8%	52	9.1%	0.74%
Subtotal		1,289	100.0%	731	100.0%	571	100.0%	8.10%
Hispanic/Latino	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	20-24	0	0.0%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	25-29	0	0.0%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	30-34	<5	28.6%	<5	25.0%	<5	25.0%	0.01%
Hispanic/Latino	35-39	<5	28.6%	<5	25.0%	<5	25.0%	0.01%
Hispanic/Latino	40-44	<5	14.3%	<5	25.0%	<5	25.0%	0.01%
Hispanic/Latino	45-49	<5	28.6%	<5	25.0%	<5	25.0%	0.01%
Hispanic/Latino	50+	0	0.0%	0	0.0%	0	0.0%	0.00%
Subtotal		7	100.0%	4	100.0%	4	100.0%	0.06%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
White	20-24	0	0.0%	0	0.0%	0	0.0%	0.00%
White	25-29	9	15.8%	5	12.5%	<5	5.0%	0.01%
White	30-34	9	15.8%	6	15.0%	<5	10.0%	0.03%
White	35-39	12	21.1%	10	25.0%	<5	10.0%	0.03%
White	40-44	15	26.3%	9	22.5%	7	35.0%	0.10%
White	45-49	11	19.3%	9	22.5%	7	35.0%	0.10%
White	50+	<5	1.8%	<5	2.5%	<5	5.0%	0.01%
Subtotal		57	100.0%	40	100.0%	20	100.0%	0.28%
Unknown/Other	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
Unknown/Other	20-24	<5	1.9%	<5	2.1%	<5	2.4%	0.03%
Unknown/Other	25-29	<5	3.8%	<5	4.3%	<5	3.6%	0.04%
Unknown/Other	30-34	17	16.3%	14	14.9%	11	13.3%	0.16%
Unknown/Other	35-39	17	16.3%	15	16.0%	13	15.7%	0.18%
Unknown/Other	40-44	22	21.2%	21	22.3%	21	25.3%	0.30%
Unknown/Other	45-49	22	21.2%	21	22.3%	17	20.5%	0.24%
Unknown/Other	50+	20	19.2%	17	18.1%	16	19.3%	0.23%
Subtotal		104	100.0%	94	100.0%	83	100.0%	1.18%
TOTAL		1,457	100.0%	869	100.0%	678	100.0%	9.62%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A8. AIDS deaths and incidence among female Injecting Drug Users (IDU), District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	<5	0.2%	0	0.0%
Black	20-24	17	3.0%	<5	3.0%
Black	25-29	58	10.4%	<5	1.5%
Black	30-34	125	22.4%	8	6.0%
Black	35-39	139	24.9%	22	16.5%
Black	40-44	118	21.1%	42	31.6%
Black	45-49	54	9.7%	31	23.3%
Black	50+	46	8.2%	24	18.0%
Subtotal		558	100.0%	133	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	0	0.0%	0	0.0%
Hispanic/Latino	25-29	0	0.0%	0	0.0%
Hispanic/Latino	30-34	<5	33.3%	<5	100.0%
Hispanic/Latino	35-39	<5	33.3%	0	0.0%
Hispanic/Latino	40-44	0	0.0%	0	0.0%
Hispanic/Latino	45-49	<5	33.3%	0	0.0%
Hispanic/Latino	50+	0	0.0%	0	0.0%
Subtotal		<5	100.0%	<5	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	0	0.0%	0	0.0%
White	25-29	<5	23.5%	0	0.0%
White	30-34	<5	17.6%	0	0.0%
White	35-39	<5	11.8%	<5	16.7%
White	40-44	6	35.3%	<5	66.7%
White	45-49	<5	11.8%	<5	16.7%
White	50+	0	0.0%	0	0.0%
Subtotal		17	100.0%	6	100.0%
Unknown/Other	13-19	0	0.0%	0	0.0%
Unknown/Other	20-24	0	0.0%	0	0.0%
Unknown/Other	25-29	0	0.0%	0	0.0%
Unknown/Other	30-34	<5	30.0%	0	0.0%
Unknown/Other	35-39	<5	20.0%	0	0.0%
Unknown/Other	40-44	<5	10.0%	0	0.0%
Unknown/Other	45-49	<5	10.0%	0	0.0%
Unknown/Other	50+	<5	30.0%	0	0.0%
Subtotal		10	100.0%	0	100.0%
TOTAL		588	100.0%	140	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 - 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A9. AIDS cases among Men who have sex with Men and inject drugs (MSM/IDU), District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	<5	0.4%	<5	0.9%	0	0.0%	0.00%
Black	20-24	14	2.5%	<5	1.8%	<5	1.6%	0.03%
Black	25-29	73	13.2%	25	11.0%	5	3.9%	0.07%
Black	30-34	110	19.9%	36	15.8%	12	9.3%	0.17%
Black	35-39	151	27.4%	58	25.4%	37	28.7%	0.52%
Black	40-44	92	16.7%	42	18.4%	24	18.6%	0.34%
Black	45-49	63	11.4%	38	16.7%	27	20.9%	0.38%
Black	50+	47	8.5%	23	10.1%	22	17.1%	0.31%
Subtotal		552	100.0%	228	100.0%	129	100.0%	1.83%
Hispanic/Latino	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	20-24	0	0.0%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	25-29	<5	11.1%	<5	14.3%	0	0.0%	0.00%
Hispanic/Latino	30-34	5	27.8%	<5	42.9%	<5	50.0%	0.01%
Hispanic/Latino	35-39	5	27.8%	<5	28.6%	0	0.0%	0.00%
Hispanic/Latino	40-44	<5	11.1%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	45-49	<5	16.7%	<5	14.3%	<5	50.0%	0.01%
Hispanic/Latino	50+	<5	5.6%	0	0.0%	0	0.0%	0.00%
Subtotal		18	100.0%	7	100.0%	<5	100.0%	0.03%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
White	20-24	7	6.8%	<5	5.0%	<5	6.7%	0.01%
White	25-29	19	18.4%	9	22.5%	<5	6.7%	0.01%
White	30-34	31	30.1%	10	25.0%	5	33.3%	0.07%
White	35-39	17	16.5%	9	22.5%	4	26.7%	0.06%
White	40-44	19	18.4%	6	15.0%	<5	20.0%	0.04%
White	45-49	6	5.8%	<5	5.0%	<5	6.7%	0.01%
White	50+	<5	3.9%	<5	5.0%	0	0.0%	0.00%
Subtotal		103	100.0%	40	100.0%	15	100.0%	0.21%
Unknown/Other	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
Unknown/Other	20-24	<5	3.1%	0	0.0%	<5	3.8%	0.01%
Unknown/Other	25-29	<5	6.3%	<5	6.9%	<5	7.7%	0.03%
Unknown/Other	30-34	<5	3.1%	<5	3.4%	<5	3.8%	0.01%
Unknown/Other	35-39	11	34.4%	11	37.9%	8	30.8%	0.11%
Unknown/Other	40-44	<5	12.5%	<5	13.8%	<5	15.4%	0.06%
Unknown/Other	45-49	5	15.6%	5	17.2%	<5	11.5%	0.04%
Unknown/Other	50+	8	25.0%	6	20.7%	7	26.9%	0.10%
Subtotal		32	100.0%	29	100.0%	26	100.0%	0.37%
TOTAL		705	100.0%	304	100.0%	172	100.0%	2.44%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A10. AIDS deaths and incidence among Men who have Sex with Men and inject drugs (MSM/IDU), District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	0	0.0%	0	0.0%
Black	20-24	10	3.1%	0	0.0%
Black	25-29	48	14.8%	0	0.0%
Black	30-34	74	22.8%	0	0.0%
Black	35-39	93	28.7%	8	23.5%
Black	40-44	50	15.4%	5	14.7%
Black	45-49	25	7.7%	11	32.4%
Black	50+	24	7.4%	10	29.4%
Subtotal		324	100.0%	34	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	0	0.0%	0	0.0%
Hispanic/Latino	25-29	<5	9.1%	0	0.0%
Hispanic/Latino	30-34	<5	18.2%	0	0.0%
Hispanic/Latino	35-39	<5	27.3%	0	0.0%
Hispanic/Latino	40-44	<5	18.2%	0	0.0%
Hispanic/Latino	45-49	<5	18.2%	0	0.0%
Hispanic/Latino	50+	<5	9.1%	0	0.0%
Subtotal		11	100.0%	0	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	5	7.9%	0	0.0%
White	25-29	10	15.9%	0	0.0%
White	30-34	21	33.3%	<5	20.0%
White	35-39	8	12.7%	<5	80.0%
White	40-44	13	20.6%	0	0.0%
White	45-49	<5	6.3%	0	0.0%
White	50+	<5	3.2%	0	0.0%
Subtotal		63	100.0%	5	100.0%
Unknown/Other	13-19	0	0.0%	0	0.0%
Unknown/Other	20-24	<5	33.3%	0	0.0%
Unknown/Other	25-29	0	0.0%	0	0.0%
Unknown/Other	30-34	0	0.0%	0	0.0%
Unknown/Other	35-39	0	0.0%	0	0.0%
Unknown/Other	40-44	0	0.0%	0	0.0%
Unknown/Other	45-49	0	0.0%	0	0.0%
Unknown/Other	50+	<5	66.7%	0	0.0%
Subtotal		<5	100.0%	0	100.0%
TOTAL		401	100.0%	39	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 - 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A11. Male AIDS cases attributed to heterosexual contact, District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	7	0.9%	6	1.1%	<5	0.8%	0.06%
Black	20-24	34	4.4%	17	3.1%	18	3.8%	0.26%
Black	25-29	87	11.2%	59	10.6%	45	9.4%	0.64%
Black	30-34	153	19.7%	124	22.3%	100	20.8%	1.42%
Black	34-39	144	18.6%	107	19.3%	100	20.8%	1.42%
Black	40-44	133	17.1%	99	17.8%	87	18.1%	1.23%
Black	45-49	91	11.7%	65	11.7%	62	12.9%	0.88%
Black	50+	127	16.4%	78	14.1%	64	13.3%	0.91%
Subtotal		776	100.0%	555	100.0%	480	100.0%	6.81%
Hispanic/Latino	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
Hispanic/Latino	20-24	<5	6.7%	<5	6.1%	<5	3.4%	0.01%
Hispanic/Latino	25-29	<5	4.4%	<5	6.1%	<5	6.9%	0.03%
Hispanic/Latino	30-34	10	22.2%	6	18.2%	5	17.2%	0.07%
Hispanic/Latino	34-39	8	17.8%	7	21.2%	6	20.7%	0.09%
Hispanic/Latino	40-44	9	20.0%	5	15.2%	5	17.2%	0.07%
Hispanic/Latino	45-49	5	11.1%	5	15.2%	<5	13.8%	0.06%
Hispanic/Latino	50+	8	17.8%	6	18.2%	6	20.7%	0.09%
Subtotal		45	100.0%	33	100.0%	29	100.0%	0.41%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
White	20-24	<5	2.9%	<5	4.2%	0	0.0%	0.0%
White	25-29	<5	5.9%	<5	8.3%	<5	8.3%	0.01%
White	30-34	10	29.4%	5	20.8%	<5	25.0%	0.04%
White	34-39	7	20.6%	6	25.0%	<5	25.0%	0.04%
White	40-44	<5	11.8%	<5	12.5%	<5	0.0%	0.0%
White	45-49	<5	11.8%	<5	8.3%	<5	8.3%	0.01%
White	50+	6	17.6%	5	20.8%	<5	33.3%	0.06%
Subtotal		34	100.0%	24	100.0%	12	100.0%	0.17%
Unknown	13-19	<5	1.2%	<5	1.3%	<5	0.7%	0.01%
Unknown	20-24	<5	1.8%	<5	1.9%	<5	2.2%	0.04%
Unknown	25-29	10	6.0%	10	6.4%	8	5.9%	0.11%
Unknown	30-34	30	18.1%	29	18.5%	28	20.6%	0.40%
Unknown	34-39	35	21.1%	33	21.0%	29	21.3%	0.41%
Unknown	40-44	27	16.3%	24	15.3%	17	12.5%	0.24%
Unknown	45-49	22	13.3%	22	14.0%	20	14.7%	0.28%
Unknown	50+	37	23.3%	34	21.7%	30	22.1%	0.43%
Subtotal		166	100.0%	157	100.0%	136	100.0%	1.93%
TOTAL		1,021	100.0%	769	100.0%	657	100.0%	9.32%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A12. AIDS deaths and incidence among male AIDS cases attributed to heterosexual contact, District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	<5	0.5%	0	0.0%
Black	20-24	17	7.7%	<5	2.3%
Black	25-29	28	12.7%	14	8.2%
Black	30-34	29	13.1%	35	20.5%
Black	35-39	37	16.7%	38	22.2%
Black	40-44	34	15.4%	30	17.5%
Black	45-49	26	11.8%	21	12.3%
Black	50+	49	22.2%	29	17.0%
Subtotal		221	100.0%	171	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	<5	8.3%	0	0.0%
Hispanic/Latino	25-29	0	0.0%	0	0.0%
Hispanic/Latino	30-34	<5	33.3%	<5	16.7%
Hispanic/Latino	35-39	<5	8.3%	<5	16.7%
Hispanic/Latino	40-44	<5	33.3%	<5	50.0%
Hispanic/Latino	45-49	0	0.0%	<5	16.7%
Hispanic/Latino	50+	<5	16.7%	0	0.0%
Subtotal		12	100.0%	6	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	0	0.0%	0	0.0%
White	25-29	0	0.0%	0	0.0%
White	30-34	5	50.0%	0	0.0%
White	35-39	<5	10.0%	<5	100.0%
White	40-44	<5	10.0%	0	0.0%
White	45-49	<5	20.0%	0	0.0%
White	50+	<5	10.0%	0	0.0%
Subtotal		10	100.0%	<5	100.0%
Unknown	13-19	0	0.0%	0	0.0%
Unknown	20-24	0	0.0%	0	0.0%
Unknown	25-29	0	0.0%	0	0.0%
Unknown	30-34	<5	0.4%	0	0.0%
Unknown	35-39	<5	0.8%	0	0.0%
Unknown	40-44	<5	1.2%	0	0.0%
Unknown	45-49	0	0.0%	0	0.0%
Unknown	50+	<5	1.2%	0	0.0%
Subtotal		9	100.0%	0	100.0%
TOTAL		252	100.0%	178	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 - 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A13. Female AIDS cases attributed to heterosexual contact, District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	29	2.7%	18	2.4%	15	2.3%	0.21%
Black	20-24	109	10.3%	70	9.3%	57	8.7%	0.81%
Black	25-29	173	16.4%	114	15.2%	96	14.6%	1.36%
Black	30-34	249	23.6%	181	24.2%	154	23.4%	2.18%
Black	35-39	168	15.9%	122	16.3%	111	16.9%	1.57%
Black	40-44	148	14.0%	116	15.5%	106	16.1%	1.50%
Black	45-49	80	7.6%	56	7.5%	54	8.2%	0.77%
Black	50+	100	9.5%	72	9.6%	64	9.7%	0.91%
Subtotal		1,056	100.0%	749	100.0%	657	100.0%	9.32%
Hispanic/Latino	13-19	<5	6.1%	<5	6.9%	0	0.0%	0.0%
Hispanic/Latino	20-24	<5	6.1%	<5	6.9%	<5	9.5%	0.03%
Hispanic/Latino	25-29	7	21.2%	7	24.1%	6	28.6%	0.09%
Hispanic/Latino	30-34	7	21.2%	6	20.7%	<5	9.5%	0.03%
Hispanic/Latino	35-39	<5	12.1%	<5	10.3%	<5	9.5%	0.03%
Hispanic/Latino	40-44	<5	6.1%	<5	3.4%	0	0.0%	0.0%
Hispanic/Latino	45-49	5	15.2%	<5	13.8%	5	23.8%	0.07%
Hispanic/Latino	50+	<5	12.1%	<5	13.8%	<5	19.0%	0.06%
Subtotal		33	100.0%	29	100.0%	21	100.0%	0.30%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.0%
White	20-24	<5	4.5%	<5	8.0%	<5	8.7%	0.03%
White	25-29	7	15.9%	<5	8.0%	<5	13.0%	0.04%
White	30-34	8	18.2%	6	24.0%	<5	13.0%	0.04%
White	35-39	11	25.0%	8	32.0%	9	39.1%	0.13%
White	40-44	5	11.4%	<5	12.0%	<5	13.0%	0.04%
White	45-49	<5	6.8%	<5	8.0%	<5	4.3%	0.01%
White	50+	8	18.2%	<5	8.0%	<5	8.7%	0.03%
Subtotal		44	100.0%	25	100.0%	23	100.0%	0.33%
Unknown/Other	13-19	<5	1.4%	<5	1.5%	<5	1.8%	0.04%
Unknown/Other	20-24	12	5.6%	12	5.9%	8	4.8%	0.11%
Unknown/Other	25-29	25	11.7%	24	11.9%	21	12.5%	0.30%
Unknown/Other	30-34	31	14.5%	27	13.4%	25	14.9%	0.35%
Unknown/Other	35-39	35	16.4%	34	16.8%	28	16.7%	0.40%
Unknown/Other	40-44	46	21.5%	42	20.8%	40	23.8%	0.57%
Unknown/Other	45-49	27	12.6%	27	13.4%	20	11.9%	0.28%
Unknown/Other	50+	35	16.4%	33	16.3%	23	13.7%	0.33%
Subtotal		214	100.0%	202	100.0%	168	100.0%	2.38%
TOTAL		1,347	100.0%	1,005	100.0%	869	100.0%	12.33%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A14. AIDS deaths and incidence among female AIDS cases attributed to heterosexual contact, District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	11	3.6%	<5	0.5%
Black	20-24	39	12.7%	17	7.7%
Black	25-29	59	19.2%	21	9.5%
Black	30-34	68	22.1%	40	18.0%
Black	35-39	46	15.0%	41	18.5%
Black	40-44	32	10.4%	49	22.1%
Black	45-49	24	7.8%	26	11.7%
Black	50+	28	9.1%	27	12.2%
Subtotal		307	100.0%	222	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	0	0.0%	0	0.0%
Hispanic/Latino	25-29	0	0.0%	<5	37.5%
Hispanic/Latino	30-34	<5	25.0%	0	0.0%
Hispanic/Latino	35-39	<5	25.0%	0	0.0%
Hispanic/Latino	40-44	<5	25.0%	<5	12.5%
Hispanic/Latino	45-49	<5	25.0%	<5	12.5%
Hispanic/Latino	50+	0	0.0%	<5	37.5%
Subtotal		<5	100.0%	8	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	0	0.0%	<5	14.3%
White	25-29	5	26.3%	<5	14.3%
White	30-34	<5	10.5%	<5	28.6%
White	35-39	<5	15.8%	<5	28.6%
White	40-44	<5	10.5%	0	0.0%
White	45-49	<5	5.3%	<5	14.3%
White	50+	6	31.6%	0	0.0%
Subtotal		19	100.0%	7	100.0%
Unknown/Other	13-19	0	0.0%	0	0.0%
Unknown/Other	20-24	0	0.0%	0	0.0%
Unknown/Other	25-29	<5	0.3%	<5	100%
Unknown/Other	30-34	<5	1.2%	0	0.0%
Unknown/Other	35-39	<5	0.3%	0	0.0%
Unknown/Other	40-44	<5	1.2%	0	0.0%
Unknown/Other	45-49	0	0.0%	0	0.0%
Unknown/Other	50+	<5	0.6%	0	0.0%
Subtotal		12	100.0%	<5	100.0%
TOTAL		342	100.0%	237	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 - 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A15. AIDS cases among males with No Identified Risk (NIR), District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	<5	0.4%	0	0.1%	<5	0.2%	0.01%
Black	20-24	18	2.5%	13	2.5%	7	1.5%	0.10%
Black	25-29	74	10.2%	53	10.3%	37	7.8%	0.52%
Black	30-34	110	15.1%	76	14.8%	60	12.6%	0.85%
Black	35-39	146	20.1%	108	21.1%	93	19.5%	1.32%
Black	40-44	127	17.4%	85	16.6%	90	18.9%	1.28%
Black	45-49	99	13.6%	75	14.6%	75	15.8%	1.06%
Black	50+	151	20.7%	103	20.1%	113	23.7%	1.60%
Subtotal		728	100.0%	513	100.0%	476	100.0%	6.75%
Hispanic/Latino	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
Hispanic/Latino	20-24	7	8.4%	6	9.7%	5	11.6%	0.07%
Hispanic/Latino	25-29	18	21.7%	15	24.2%	7	16.3%	0.10%
Hispanic/Latino	30-34	10	12.0%	7	11.3%	5	11.6%	0.07%
Hispanic/Latino	35-39	17	20.5%	12	19.4%	7	16.3%	0.10%
Hispanic/Latino	40-44	11	13.3%	7	11.3%	8	18.6%	0.11%
Hispanic/Latino	45-49	7	8.4%	6	9.7%	5	11.6%	0.07%
Hispanic/Latino	50+	13	15.7%	9	14.5%	6	14.0%	0.09%
Subtotal		83	100.0%	62	100.0%	43	100.0%	0.61%
White	13-19	0	0.0%	0	0.0%	0	0.0%	0.00%
White	20-24	<5	2.6%	<5	4.7%	<5	3.8%	0.03%
White	25-29	10	6.6%	6	7.1%	<5	5.8%	0.04%
White	30-34	25	16.4%	15	17.6%	11	21.2%	0.16%
White	35-39	25	16.4%	17	20.0%	9	17.3%	0.13%
White	40-44	22	14.5%	14	16.5%	7	13.5%	0.10%
White	45-49	18	11.8%	7	8.2%	<5	5.8%	0.04%
White	50+	48	31.6%	22	25.9%	17	32.7%	0.24%
Subtotal		152	100.0%	85	100.0%	52	100.0%	0.74%
Unknown/Other	13-19	<5	0.7%	<5	0.8%	<5	0.5%	0.01%
Unknown/Other	20-24	13	4.6%	12	4.7%	11	5.0%	0.16%
Unknown/Other	25-29	17	6.0%	15	5.9%	12	5.5%	0.17%
Unknown/Other	30-34	37	13.1%	37	14.5%	25	11.4%	0.35%
Unknown/Other	35-39	63	22.3%	60	23.5%	48	21.8%	0.68%
Unknown/Other	40-44	59	20.9%	51	20.0%	49	22.3%	0.70%
Unknown/Other	45-49	32	11.3%	30	11.8%	25	11.4%	0.35%
Unknown/Other	50+	59	20.9%	48	18.8%	49	22.3%	0.70%
Subtotal		282	100.0%	255	100.0%	220	100.0%	3.12%
TOTAL		1,245	100.0%	915	100.0%	791	100.0%	11.22%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

A16. AIDS deaths and incidence among males with No Identified Risk (NIR), District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	<5	1.4%	<5	0.4%
Black	20-24	5	2.3%	6	2.2%
Black	25-29	21	9.8%	17	6.3%
Black	30-34	34	15.8%	30	11.1%
Black	35-39	38	17.7%	53	19.6%
Black	40-44	42	19.5%	55	20.3%
Black	45-49	24	11.2%	42	15.5%
Black	50+	48	22.3%	67	24.7%
Subtotal		215	100.0%	271	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	<5	4.8%	<5	7.7%
Hispanic/Latino	25-29	<5	14.3%	<5	23.1%
Hispanic/Latino	30-34	<5	14.3%	<5	15.4%
Hispanic/Latino	35-39	5	23.8%	<5	7.7%
Hispanic/Latino	40-44	<5	19.0%	<5	7.7%
Hispanic/Latino	45-49	<5	4.8%	<5	15.4%
Hispanic/Latino	50+	<5	19.0%	<5	23.1%
Subtotal		21	100.0%	13	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	0	0.0%	<5	6.3%
White	25-29	<5	6.0%	<5	6.3%
White	30-34	10	14.9%	<5	25.0%
White	35-39	8	11.9%	6	37.5%
White	40-44	8	11.9%	<5	12.5%
White	45-49	11	16.4%	0	0.0%
White	50+	26	38.8%	<5	12.5%
Subtotal		67	100.0%	16	100.0%
Unknown/Other	13-19	0	0.0%	0	0.0%
Unknown/Other	20-24	<5	3.7%	0	0.0%
Unknown/Other	25-29	<5	7.4%	0	0.0%
Unknown/Other	30-34	0	0.0%	0	0.0%
Unknown/Other	35-39	<5	11.1%	0	0.0%
Unknown/Other	40-44	8	29.6%	0	0.0%
Unknown/Other	45-49	<5	7.4%	0	0.0%
Unknown/Other	50+	11	40.7%	0	0.0%
Subtotal		27	100.0%	0	100.0%
TOTAL		330	100.0%	300	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 - 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A17. AIDS cases among females with No Identified Risk (NIR), District of Columbia

Race/Ethnicity	Age	Cumulative Cases		Alive Cases		1996 - 2003*		
		#	%	#	%	#	%	% Total
Black	13-19	5	1.4%	5	1.8%	<5	1.4%	0.06%
Black	20-24	27	7.5%	18	5.9%	15	5.4%	0.21%
Black	25-29	55	15.2%	44	15.4%	40	14.4%	0.57%
Black	30-34	76	21.1%	61	19.5%	55	19.8%	0.78%
Black	35-39	66	18.3%	54	18.2%	53	19.1%	0.75%
Black	40-44	55	15.2%	43	15.6%	48	17.3%	0.68%
Black	45-49	36	10.0%	29	11.3%	30	10.8%	0.43%
Black	50+	41	11.4%	34	12.3%	33	11.9%	0.47%
Subtotal		361	100.0%	288	100.0%	278	100.0%	3.94%
Hispanic/Latino	13-19	<5	11.1%	<5	20.0%	0	0.0%	0.0%
Hispanic/Latino	20-24	<5	22.2%	0	0.0%	<5	25.0%	0.01%
Hispanic/Latino	25-29	<5	11.1%	0	0.0%	0	0.0%	0.0%
Hispanic/Latino	30-34	<5	33.3%	<5	40.0%	<5	50.0%	0.03%
Hispanic/Latino	35-39	<5	11.1%	<5	20.0%	<5	25.0%	0.01%
Hispanic/Latino	40-44	<5	11.1%	<5	20.0%	0	0.0%	0.0%
Hispanic/Latino	45-49	0	0.0%	0	0.0%	0	0.0%	0.0%
Hispanic/Latino	50+	0	0.0%	0	0.0%	0	0.0%	0.0%
Subtotal		9	100.0%	5	100.0%	<5	100.0%	0.06%
White	13-19	<5	4.1%	<5	5.9%	<5	10.0%	0.03%
White	20-24	<5	2.0%	<5	2.9%	0	0.0%	0.0%
White	25-29	9	18.4%	7	20.6%	<5	20.0%	0.06%
White	30-34	15	30.6%	11	32.4%	<5	20.0%	0.06%
White	35-39	6	12.2%	<5	5.9%	<5	15.0%	0.04%
White	40-44	<5	6.1%	<5	8.8%	0	0.0%	0.0%
White	45-49	<5	6.1%	<5	8.8%	<5	10.0%	0.03%
White	50+	10	20.4%	5	14.7%	5	25.0%	0.07%
Subtotal		49	100.0%	34	100.0%	20	100.0%	0.28%
Unknown/Other	13-19	<5	1.4%	<5	1.6%	<5	1.8%	0.03%
Unknown/Other	20-24	6	4.2%	6	4.7%	<5	2.7%	0.04%
Unknown/Other	25-29	20	14.1%	16	14.0%	17	15.5%	0.24%
Unknown/Other	30-34	17	12.0%	15	12.4%	15	13.6%	0.21%
Unknown/Other	35-39	27	19.0%	17	18.6%	18	16.4%	0.26%
Unknown/Other	40-44	23	16.2%	18	14.7%	20	18.2%	0.28%
Unknown/Other	45-49	21	14.8%	19	15.5%	17	15.5%	0.24%
Unknown/Other	50+	26	18.3%	17	18.6%	18	16.4%	0.26%
Subtotal		142	100.0%	110	100.0%	110	100.0%	1.56%
TOTAL		561	100.0%	543	100.0%	412	100.0%	5.84%

* AIDS cases diagnosed between 1996 and 2003 were chosen because of the adoption and wide spread use of HAART (Highly Active Anti-Retroviral Therapy) Therapy in 1996.

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A18. AIDS deaths and incidence among females with No Identified Risk (NIR), District of Columbia

Race/Ethnicity	Age	Deaths		AIDS Incidence*	
		#	%	#	%
Black	13-19	0	0.0%	<5	2.0%
Black	20-24	9	12.3%	<5	2.7%
Black	25-29	11	15.1%	18	12.1%
Black	30-34	15	20.5%	24	16.1%
Black	35-39	12	16.4%	31	20.8%
Black	40-44	12	16.4%	24	16.1%
Black	45-49	7	9.6%	25	16.8%
Black	50+	7	9.6%	20	13.4%
Subtotal		73	100.0%	149	100.0%
Hispanic/Latino	13-19	0	0.0%	0	0.0%
Hispanic/Latino	20-24	<5	50.0%	0	0.0%
Hispanic/Latino	25-29	<5	25.0%	0	0.0%
Hispanic/Latino	30-34	<5	25.0%	0	0.0%
Hispanic/Latino	35-39	0	0.0%	0	0.0%
Hispanic/Latino	40-44	0	0.0%	0	0.0%
Hispanic/Latino	45-49	0	0.0%	0	0.0%
Hispanic/Latino	50+	0	0.0%	0	0.0%
Subtotal		<5	100.0%	0	100.0%
White	13-19	0	0.0%	0	0.0%
White	20-24	0	0.0%	0	0.0%
White	25-29	<5	13.3%	<5	80.0%
White	30-34	<5	26.7%	0	0.0%
White	35-39	<5	26.7%	<5	20.0%
White	40-44	0	0.0%	0	0.0%
White	45-49	0	0.0%	0	0.0%
White	50+	5	33.3%	0	0.0%
Subtotal		20	100.0%	5	100.0%
Unknown/Other	13-19	0	0.0%	0	0.0%
Unknown/Other	20-24	0	0.0%	0	0.0%
Unknown/Other	25-29	<5	15.4%	0	0.0%
Unknown/Other	30-34	<5	7.7%	0	0.0%
Unknown/Other	35-39	<5	23.1%	0	0.0%
Unknown/Other	40-44	<5	30.8%	0	0.0%
Unknown/Other	45-49	<5	7.7%	0	0.0%
Unknown/Other	50+	<5	15.4%	0	0.0%
Subtotal		13	100.0%	0	100.0%
TOTAL		105	100.0%	154	100.0%

* AIDS Incident cases are diagnosed AIDS cases from 2001 – 2002

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia

A19. AIDS case-fatality rates for District of Columbia residents by selected risk group or subpopulation, race, ethnicity, and sex, for cumulative AIDS cases diagnosed through December 31, 2003 as reported through December 31, 2004.

Subpopulation	AIDS Case-Fatality Rate (number of deceased cases of those diagnosed)
INJECTING DRUG USERS (IDU)	
Black/African-American	46%
Men	47%
Women	44%
White	37%
Men	41%
Women	32%
Latino/Hispanic	43%
Men	43%
Women	40%
Asian/Pacific Islander	25%
Men	50%
Women	0%
Native American/Alaskan Native	0%
Men	-
Women	0%
Subtotal	46%
Men	47%
Women	43%
MEN WHO HAVE SEX WITH MEN (MSM)	
Black/African-American	52%
White	62%
Latino/Hispanic	41%
Asian/Pacific Islander	21%
Native American/Alaskan Native	43%
Unknown	25%
Subtotal	55%

MEN WHO HAVE SEX WITH MEN AND INJECT DRUGS (MSM/IDU)	
Black/African-American	58%
White	60%
Latino/Hispanic	58%
Asian/Pacific Islander	-
Native American/Alaskan Native	-
Subtotal	58%
HETEROSEXUALS (Cases Attributed to Heterosexual Contact)	
Black/African-American	27%
Men	25%
Women	29%
White	30%
Men	21%
Women	39%
Latino/Hispanic	20%
Men	23%
Women	15%
Asian/Pacific Islander	33%
Men	-
Women	33%
Native American/Alaskan Native	0%
Men	-
Women	0%
Unknown	0%
Men	0%
Women	-
Subtotal	27%
Men	25%
Women	29%
ADOLESCENTS AND YOUNG ADULTS (13-24 yrs @ AIDS Diagnosis)	
Black/African-American	42%
Men	46%
Women	36%
White	48%
Men	53%
Women	0%
Latino/Hispanic	23%

Men	24%
Women	20%
Asian/Pacific Islander	0%
Men	0%
Women	0%
Native American/Alaskan Native	0%
Men	-
Women	0%
Subtotal	42%
Men	46%
Women	34%
OLDER ADULTS (55 yrs and older @ AIDS Diagnosis)	
Black/African-American	46%
Men	48%
Women	36%
White	62%
Men	61%
Women	83%
Latino/Hispanic	30%
Men	32%
Women	0%
Asian/Pacific Islander	20%
Men	33%
Women	0%
Native American/Alaskan Native	-
Men	-
Women	-
Unknown	0%
Men	0%
Women	-
Subtotal	48%
Men	50%
Women	36%
TOTAL ADULT/ADOLESCENT AIDS CASES	
Total	45%
Men	49%
Women	34%

SOURCE: HIV/AIDS Surveillance and Epidemiology Division, HIV/AIDS Administration, Department of Health, Government of the District of Columbia; 3/2005.

GLOSSARY

Glossary

A

Adjustments. Statistical calculations that allow the comparison of different groups (when the difference may affect what you are studying) as though they are alike. Differences in populations or subgroups make it difficult to make comparisons; adjustments remove the influence of a specific factor (e.g., age, gender, race, or disease status) from the analysis.

Aggregated data. Information, usually summary statistics that is summed or presented together to prevent the identification of individuals.

Acquired Immunodeficiency Syndrome (AIDS). The condition that results from HIV infection and is marked by the presence of opportunistic infections that do not affect persons with healthy immune systems.

Association. Statistical relationship between two or more characteristics, event, or other variables.

B

Bar Chart. A visual display of the size of the different categories of a variable (Each category or value of the variable is represented by a bar).

Bar Graph (vertical). A type of figure in which categories of variables (displayed on a horizontal baseline) are compared by amount, frequency, or magnitude (labeled on a vertical axis). *Please note bar graphs may also be horizontal.*

Behavioral Data. Data collected from studies of human behavior that is relevant to disease risk. Relevant behaviors for HIV risk may include sexual activity, substance use, sharing of drug paraphernalia, condom use, or responses to primary and secondary prevention messages.

Bias. Deviation of results or inferences from the truth, or processes leading to such systematic deviation. Any trend in the collection, analysis, interpretation, publication, or review of data that can lead to conclusions that are systematically different from the truth.

Biologic Transmission. The indirect vector-borne transmission of an infectious agent in which the agent undergoes biologic changes within the vector before being transmitted to a new host.

C

Capacity. The amount of services a provider can deliver (i.e., the number of service units and the estimated number of clients who can be served.)

C.A.R.E. Act (Ryan White Comprehensive AIDS Resources Emergency Act). The primary federal legislation created to address the needs for health and support services among persons living with HIV/AIDS and their families in the United States; enacted in 1990 and reauthorized in 1996.

Case. In epidemiology, a countable instance in the population or study group of a particular disease, health disorder, or condition under investigation. A case may be an individual with the particular disease.

Case Definition. A set of standard criteria for deciding whether a person has a particular disease or health-related condition, by specifying clinical criteria and limitations on time, place, and person.

Case-Fatality Rate. The proportion of persons with a particular condition (cases) who die from that condition. The denominator is the number of incident cases; the numerator is the number of cause-specific deaths among those cases.

Census. The enumeration of an entire population, usually with details being recorded on residence, age, sex, occupation, ethnic group, marital status, birth history, and relationship to head of household.

Co-morbidity. The coexistence of a disease or illness and HIV infection in one person (e.g., an HIV-infected person who also has tuberculosis).

Comprehensive Planning. The process used to determine how HIV services will be organized and delivered. Comprehensive HIV services planning requires planning councils and consortia to answer four questions: (1) Where are we now? (2) Where should we be going? (3) How will we get there? (4) How will we monitor the process?

Confidence Interval. A range of values for a measure that is believed to contain the true value at a specified level or certainty (e.g., 95%).

Confidentiality. The treatment of information that an individual or institution has disclosed in a relationship of trust, with the expectation that the information will not be divulged to others in ways that are inconsistent with the individual's or institution's understanding when the individual or institution provided the information. It encompasses access to, and disclosure of, information in accordance with requirements of state law or official policy. For HIV/AIDS surveillance data, confidentiality refers to the protection of private information collected by the HIV/AIDS surveillance system.

Cumulative Cases. The total number of cases of a disease reported or diagnosed during a specified time. Cumulative cases can include cases in people who have already died.

D

Demographic Information. The “person” characteristics – age, sex, race, and occupation – of descriptive epidemiology used to characterize the populations at risk.

Denominator. The lower portion of a fraction used to calculate a rate or ratio. In a rate, the denominator is usually the population (or population experience, as in person-years, etc.) at risk.

Descriptive Epidemiology. The aspect of epidemiology concerned with organizing and summarizing health-related data according to time, place, and person.

Determinant. Any factor, whether event, characteristic, or other definable entity, that brings about change in a health condition, or in other defined characteristics.

Distribution. In epidemiology, the frequency and pattern of health-related characteristics and events in a population.

E

Eligible Metropolitan Area (EMA). A metropolitan statistical area that qualifies for Title I funding by reaching a certain threshold of AIDS cases. EMA's may cover one city, several cities or counties, or more than one state.

Epidemic. The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Epidemiology. The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

F

Frequency Distribution. A complete summary of the frequencies of the values or categories of a variable; often displayed in a two-column table: the left column list the individual values or categories, the right column indicates the number of observations in each category.

G

Graph. A way to show quantitative data visually, using a system of coordinates.

H

Health. A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Indicator. A measure that reflects, or indicates, the state of health of persons in a defined population, e.g., the infant mortality rate.

High-Risk Group. A group in the community with an elevated risk of disease.

Human Immunodeficiency Virus (HIV). The virus that causes AIDS. Persons with HIV in their system are referred to as HIV infected.

HIV/AIDS surveillance. The systematic data collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with a diagnosis of HIV infection and persons with a diagnosis of AIDS.

I

Incidence Rate. A measure of the frequency with which an event, such as a new case of illness, occurs in a population over a period of time. The denominator is the population at risk; the numerator is the number of new cases occurring during a given time period.

Injection Drug Use (IDU). In the CDC hierarchy of the most probable mode of HIV transmission for adult/adolescent cases, 1993 to present, IDU cases are ranked second.

M

Mean. The measure of central location commonly called the average. It is calculated by adding together all the individual values in a group of measurements and dividing by the number of values in the group.

Measure Of Association. A quantified relationship between exposure and disease; includes relative risk, rate ratio, odds ratio.

Men Who Have Sex With Men (MSM). In the CDC hierarchy of the most probable mode of HIV transmission for adult/adolescent cases, 1993 to present, MSM cases are ranked first.

MSM/IDU Men who have sex with men and inject drugs. In the CDC hierarchy of the most probable mode of HIV transmission for adult/adolescent cases, 1993 to present, MSM cases are ranked third.

Morbidity. Any departure, subjective or objective, from a state of physiological or psychological well-being.

Mortality Rate. A measure of the frequency of occurrence of death in a defined population during a specified period of time.

N

Numerator. The upper portion of a fraction.

NRR/NIR (No Risk Reported/No Identified Risk). Refers to cases in persons with no reported exposure to HIV through any of the routes listed in the hierarchy of exposure categories. No identified risk (NIR) cases include cases that are being followed up by local health department officials; cases in persons whose exposure history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and cases in persons who were interviewed or for whom other follow-up information was available and no mode of exposure was identified.

O

Odds Ratio. A measure of association which quantifies the relationship between an exposure and health outcome from a comparative study; also known as the cross product ratio,

Outbreak. Synonymous with epidemic. Sometimes the preferred word, as it may escape sensationalism associated with the word epidemic. Alternatively, a localized as opposed to generalized epidemic.

P

Pandemic. An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population.

Percentile. The set of numbers from 0 to 100 that divide a distribution into 100 parts of equal area, or divide a set of ranked data into 100 class intervals with each interval containing 1/100 of the observations. A particular percentile, say the 5th percentile, is a cut point with 5 percent of the observations below it and the remaining 95% of the observations above it.

Period Prevalence. The amount a particular disease present in a population over a period of time.

Point Prevalence. The amount of a particular disease present in a population at a single point in time.

Population. The total number of inhabitants of a given area or country. In sampling, the population may refer to the units from which the sample is drawn, not necessarily the total population of people.

Prevalence. The number or proportion of cases or events or conditions in a given population.

Prevalence Rate. The proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time.

Proportion. A type of ratio in which the numerator is included in the denominator. The ratio of a part to the whole, expressed as a “decimal fraction” (e.g., 0.2), as a fraction (1/5), or, loosely, as a percentage (20%).

Public Health Surveillance. The systematic collection, analysis, interpretation, and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community, in order to control and prevent disease in a community.

R

Rate. An expression of the frequency with which an event occurs in a defined population.

Rate Ratio. A comparison of two groups in terms of incidence rates, person-time rates, or mortality rates.

Ratio. The value obtained by dividing one quantity by another.

Relative Risk. A comparison of the risk of some health-related event such as disease or death in two groups.

Representative Sample. A sample whose characteristics correspond to those of the original population or reference population.

Risk. The probability that an event will occur, e.g. that an individual will become ill or die within a stated period of time or age.

Risk Factor. An aspect of personal behavior or lifecycle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased occurrence of disease or other health-related event or condition.

Risk Ratio. A comparison of the risk of some health-related event such as disease or death in two groups.

S

Sample. A selected subset of a population. A sample may be random or non-random and it may be representative or non-representative.

T

Table. A set of data arranged in rows and columns.

Trend. A long-term movement or change in frequency, usually upwards or downwards.

V

Validity. The degree to which a measurement actually measures or detects what it is supposed to measure.

Variable. Any characteristic or attribute that can be measured.

Vital Statistics. Systematically tabulated information about births, marriages, divorces, and deaths, based on registration of these vital events.

Y

Years Of Potential Life Lost. A measure of the impact of premature mortality on a population, calculated as the sum of the differences between some predetermined minimum or desired life span and the age of death for individuals who died earlier than that predetermined age.